

Government of the District of Columbia  
Child and Family Services Agency

# Initial Design and Implementation Report



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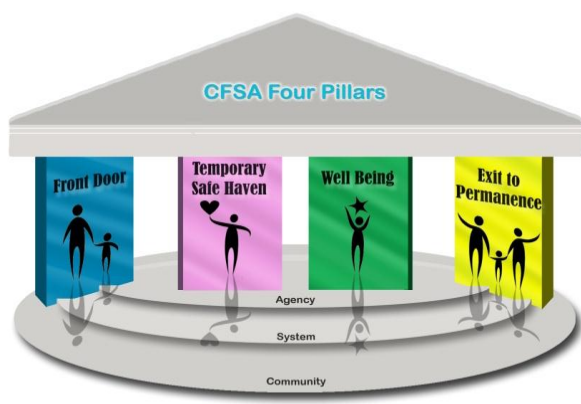
## I. Overview

### Introduction

The District of Columbia Child and Family Services Agency's (CFSA) title IV-E waiver demonstration project is designed to respond to the projected changes in the out-of-home and in-home populations, providing us with an enhanced capacity to implement interventions that we have determined are most likely to positively impact safety, well-being and permanency. The title IV-E waiver aligns with CFSA's current system reform and provides the Agency with opportunities to address the needs of the most vulnerable populations, such as families with young children, young parents, and substance-affected families working toward reunification.

CFSA's assumption is that by enhancing services, supports and resources available to District children and families at varying levels of involvement with the system (e.g., prevention, voluntary In-Home services and court involved Out-of-Home services), more children and youth can be maintained safely in their homes and for those who were removed for safety concerns, a greater number will be able to achieve timely permanence. To prove this assumption, CFSA will implement two new evidence-based intensive family preservation models: 1) Project Connect – this intervention will serve as a support to families during and after reunification to expedite permanency and prevent re-entry into care, and 2) Homebuilders – this intervention will be used to stabilize families where a child is at risk of being placed into foster care. In addition to the implementation of these new models, CFSA will expand the eligibility of existing prevention services to provide early intervention services to families involved with Family Assessment or In-Home services who have been assessed to be at low to moderate risk for future maltreatment. Details on each of the interventions being implemented under the waiver are provided in *Section III. Defined Demonstration Interventions and Associated Components*.

**Figure 1.**



The District of Columbia has been working toward child welfare reform for more than a decade. In the last few years, efforts have increased to accelerate progress toward system reform and the title IV-E waiver demonstration project aligns with these efforts. Under the leadership of CFSA's Director, Brenda Donald, the Agency and the local child-serving community developed and rallied around a strategic agenda known as the Four Pillars (Figure 1). It is a bold offensive and strategically focused effort to improve outcomes for children, youth, and families involved with

the District's child welfare system. Each pillar represents an area ripe for improvement and features a values-based foundation, set of evidence-based strategies, and series of specific outcome targets.

- **Narrow the Front Door:** Children have the opportunity to grow up with their families and are removed from their families only when necessary to keep them safe. CFSA's priority is to reach out, locate, and engage relatives as resources for children and families who come to CFSA's attention. At the same time, CFSA is invested in expansion of a prevention strategy that provides resources families can access and use in their own communities without having to engage the child welfare system for help.
- **Temporary Safe Haven:** Foster care is a temporary safe haven, with planning for permanence beginning the day a child enters care. CFSA seeks relative placements first, followed by the most appropriate and homelike setting to keep children connected to their schools and communities. CFSA promotes and preserves maternal and paternal relationships and sibling connections through frequent, quality visits. Permanence is best achieved through a legal relationship such as reunification, guardianship, or adoption.
- **Well-Being:** Every child is entitled to a nurturing environment that supports his or her growth and development into a healthy, self-assured, and educated adult. Accordingly, CFSA and its partners take steps to address educational, mental health, and physical health issues to ensure that children receive the supports they need to thrive. For example, CFSA is incorporating evidence-based practices to address underlying issues of trauma and mental health as well as chronic diseases and other medical issues. Educational achievement is another Agency goal for all children in care, from early childhood education through high school and college, or vocational school.
- **Exit to Positive Permanence:** Every child and youth exits foster care as quickly as possible to a safe, well-supported family environment or life-long connection. Older youth exit care with a minimum of a life-long connection and the education and skills necessary to help them become successful, self-supporting adults. CFSA also offers community-based aftercare services to youth who have aged out of care.

While CFSA has sound strategies underway to meet the goals of each Pillar, work to 'narrow the front door' stands out in terms of ambition and progress to date. During 2012, CFSA dramatically realigned its intake function, creating a strong array of "Entry Services" that make first response and contact with child welfare much smoother and more comprehensive.<sup>1</sup> CFSA

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<sup>1</sup> CFSA's Entry Services is comprised of the Child Protective Services Administration, Family Assessment Administration, Clinical and Health Services Administration.

reviewed policies and instituted new practices that maintain safety while making removal the option of last resort. This included the development of two administration within Entry Services, one with the focus on a Differential Response model(Family Assessment) of investigation and the other continuing the traditional investigation process with a focus on chronic and serious neglect and physical and sexual abuse.<sup>2</sup> To reverse the District's historically low rate of kinship care, the Agency vastly increased focus on and support for relative placements. As CFSA pursued this work, the following factors that had been at the edge of the Agency's consciousness for some time came into sharper focus.

- Mirroring a national trend, the District's foster care population had been in steady decline for many years. However, the rate of decline accelerated in Fiscal Year (FY) 2012, dropping by 15%. This decline continued in FY2013 with an additional 14% decrease in the foster care population.<sup>3</sup>
- Just a short time ago in 2011, the number of children served at home versus in foster care was still about equal (50-50). By the end of 2012, the gap was widening, with children served in-home versus out-of-home shifting to 55% versus 45%. The gap further expanded in 2013 with 58% of families being served in-home and 42% in out-of-home by the end of the fiscal year.<sup>4</sup>
- Growing emphasis on child welfare diversion and in-home cases stimulated CFSA to take a comprehensive look at services available for these families. This revealed some promising practices as well as numerous gaps.

The values embedded within the Four Pillars are the foundation for this demonstration project, which has provided the Agency with an opportunity to enhance strategies to achieve the outcomes of the Four Pillars and ultimately improve outcomes for children and families. Moreover, the Four Pillars have generated significant momentum toward system reform to achieve these positive outcomes and to enhance partnerships with other governmental agencies and community stakeholders to do so. CFSA has developed and implemented sound strategies to meet the goals of each Pillar and the title IV-E waiver is only one such initiative that aligns with other efforts described below.

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<sup>2</sup> With differential response (DR), traditional child protection investigations are no longer the sole approach to engaging families around allegations of maltreatment. Under DR, CFSA may refer families under certain neglect allegations and with no immediate safety concerns for a Family Assessment (FA) which differs from a traditional investigation in that the FA social worker utilizes clinical skills to partner with the family, who must agree to participate, to develop a service plan to meet their needs. Families who participate in the family assessment are not assigned a substantiation decision.

<sup>3</sup> Source: FACES.NET report PLC 156. Total population is a point-in-time figure on the last day of the fiscal year (September 30<sup>th</sup>).

<sup>4</sup> Source: FACES.NET report PLC 156, CMT 364

### CFSA 's Comprehensive Assessment Strategy

The focus of CFSA on positive outcomes for children and families in the District has resulted in a review of and significant changes to case management practice. During the last 12 months significant procedural and practice changes have taken place to support improved case practice and outcomes. CFSA has engaged experts in Structured Decision Making, Trauma System Therapy and RED TEAM procedures to increase its capacity to enact a comprehensive assessment and customized service planning throughout its entire continuum of services. CRC is working with Entry services to develop and implement a SDM Risk Hotline assessment tool. This will assist hotline to both solicit and obtain information that directs the case for further consider in either the Family Assessment or the Traditional CPS service track. The SDM Hotline tool will be tested in March 2014. CFSA has also engaged CRC to assist in the updating its SDM Risk Assessment tool, it is anticipated that this work will take place in the later part of FY 14 and FY15. As is noted later in the document CFSA's trauma grant has afforded CFSA unique opportunities to incorporate Trauma System Therapy in its practice milieu and as a result trauma screening and assessment is being incorporated into the service delivery system of CFSA. While not applicable to all In Home families and their children it will assist them In Home social worker to improve their interaction and planning with families with a chronic and serious history of mental health, substance use and domestic violence. The Child Adolescent Functional Assessment(CAFAS) and the revised SDM Caregiver Strengths and Needs Assessment(Family Functional Assessment Tool) represent a significant practice change from that of reporting on referral and linkage to services to one that demonstrates changes in behavior by the child and parents and the potential impact of the service on the change(s) in behavior(s). The revised SDM Strengths and Needs Assessment is scheduled to be tested in March 2014 and fully implemented in April 2014. The RED TEAM is a major shift in that all case are systematically team throughout the entire life (Hotline, 10-15 day, CPS-In Home Transfer, Removal, Placement, and Permanency RED TEAMS) of the case, and the meeting provides a consistent framework for discussion and a means to gain insight and information from a variety of family, District and community resources familiar with and supportive to the family and directs the case planning activity and generates referrals to appropriate services. Please find attached a visual graphic of the Comprehensive Assessment process and note in the following sections additional information on individual assessment tools.

### Community and Public Agency Partnerships

CFSA maintains a strong community-based preventive services program that is highlighted by a long-standing partnership with the Healthy Families/Thriving Communities Collaboratives (henceforth referred to as the Collaboratives). The Collaboratives are strategically located in five geographically-based areas in the District that have large numbers of families served by the child welfare system. In addition to parenting supports, the Collaboratives provide access to

community resources to address the myriad of needs associated with homelessness, lack of education and training, and insufficient income to meet their basic needs – issues that impact a large proportion of the families in their communities and the same issues that contribute to risk factors associated with child abuse and neglect. CFSA maintains contracts with the Collaboratives to provide a range of services including family supportive services, community capacity building and youth aftercare for youth exiting foster care. The CFSA/Collaborative partnership is intended to strengthen families by enhancing the prevention and family preservation supports as part of a larger array of supportive services available to the District's children and families in their own neighborhoods and communities.

Through the title IV-E waiver, CFSA is working to further strengthen the relationship with the Collaboratives and their capacity to meet the needs of the families they serve within their communities. CFSA has partnered with the Collaboratives to enhance their ability to serve as community “hubs” where the community residents can gain access to services, resources and supports that address all of their needs. CFSA is providing technical assistance to the Collaboratives to assess their current capacity to achieve this vision and to develop strategies that enhance their skills to do so. In December 2013, CFSA contracted with a consultant to conduct comprehensive assessments of each of the Collaboratives to identify areas of strengths and areas for improvement to develop strategy plans that allow the Collaboratives to develop into a “one stop shop” where families can gain access to community supports and resources that meet their diverse needs. As noted below, services offered will include the evidence-based practices implemented under the title IV-E waiver, as well as the development of other diverse community services and resources that the providers of the evidence-based practices can help families access to address their individual needs.

CFSA's partnership with the Collaboratives plays a significant role in the development and implementation of the two new evidence-based practices, Homebuilders and Project Connect, which will be offered to District families under the title IV-E waiver. In addition to the services described above, CFSA will also contract with the Collaboratives to identify qualified providers located within their communities to offer services to resident families under each of the two models. The Collaboratives will enter into contractual relationships with the community providers offering the evidence-based models and will be responsible for monitoring service delivery.

The Collaboratives are also working with CFSA on the revision of the SDM Caregiver Strengths and Needs Assessment tool that was referenced earlier in the IDIR. In using a common tool, CFSA and the Collaboratives anticipate improved data-sharing, which will enhance the capacity of both entities to come together in a coordinated manner and team on cases to jointly address the needs of the family. The assessment tool will also be used to collect relevant data to assess

progress related to well-being outcomes and changes in overall functioning as part of the comprehensive evaluation of the title IV-E waiver.

CFSA has also taken steps to partner with other District government agencies to bolster the services available to families within the communities served by the Collaboratives. Through partnerships with the DC Department of Behavioral Health (DBH, formerly the Department of Mental Health) and the Department of Health (DOH), CFSA is working to address gaps in services for children and caregivers with mental illnesses and parents with young children through the addition of Mental Health and Infant and Maternal Health Specialists, who will be co-located at the Collaboratives. Through a memorandum of understanding with DBH, a Mental Health Specialist will be located at four of the five Collaboratives with one covering two locations based on the need for those areas. The role of these specialists will be to screen and assess families for mental health and/or co-occurring disorders and trauma, refer them to and engage parents and/or children in the appropriate mental health and/or substance abuse services based on the findings of the assessment and assist the families with accessing the services. A partnership with the DC Department of Health affords CFSA an opportunity to focus specific resource on parents with young children with the placement of Infant and Maternal Health Specialist located in each of the five Collaborative sites. The Infant and Maternal Health Specialists will be responsible for providing health and trauma screening and the coordination of comprehensive nursing care and case management to young mothers with at least one child under the age of 6 by assessing their needs, developing a care plan and providing direct care or referring the mother to other community based services based on the need. These resources were developed to address current gaps in services for these vulnerable populations and also to complement the supports available to families involved with waiver-funded services.

#### Collaborative Mini-grants/Community Capacity Building

CFSA has committed funding in FY14 and FY15 to the Collaboratives for the purpose of increasing the capacity of the community to meet the needs of the families and children in their respective communities. As noted earlier the Collaborative leadership is being assisted by a CFSA engaged consultant to assess their current organizational and community service needs. It is anticipated that in FY 14 and FY 15 the Collaboratives will identify community based organizations with whom they can both partner and assist to increase the organization(s) capacity to serve the children and families in their community through the distribution of mini-grants.

#### Integration of Trauma-Informed Practice

Another critical aspect to the reform efforts of the District's child welfare system is the shift to becoming trauma-informed and implementation of evidence-based practices that will direct how



CFSA identifies, assesses, and treats trauma. CFSA's efforts are greatly bolstered by receipt of a grant from the U.S. Department of Health and Human Services, Administration for Children and Families under the *Initiative to Improve Access to Needs-Driven, Evidence-Based/Evidence-informed Mental and Behavioral Health Services in Child Welfare*. Through this grant-funded initiative, social workers are becoming attuned to signs and symptoms of trauma among the families with whom they interact. Using the Trauma Systems Therapy model, CFSA is in the process of training every front-line staff person in the child welfare system on trauma with all of the following objectives in mind:<sup>5</sup>

- Social workers can move away from the role of “case manager” and return to that of an “interventionist”.
- Licensed mental health staff personnel deepen their understanding of trauma in the context of child welfare.
- Each key person on a child's case management team has a basic understanding of trauma and shares the same language of trauma.
- Team members have the skills needed to understand behaviors, recognize triggers, and appropriately respond and intervene.

In addition to the partnerships described above, several District agencies are aligning their priorities and resources to establish a comprehensive trauma-informed system to meet the mental health needs of children and families. This includes a cross-systems agreement to use a common assessment tool to assess mental and behavioral health. The tool will measure child functioning across multiple domains and contribute to identification of the kind of intervention that will be most responsive to the identified needs and developmental capacities of the child. Because the assessment tool will be deployed across DC's child welfare system, not just at the Agency, its utilization will promote information sharing and teaming for youth and families who are involved with more than one agency (e.g., juvenile justice, mental health). Thus, it will provide an avenue for social workers to widen the resource network for children and youth on their caseloads. It will also provide a robust mechanism for identifying youth who are being served by multiple systems, which is currently lacking in the District. Furthermore, CFSA's title IV-E waiver supports the integration of trauma-informed practice in the District by reducing exposure to trauma resulting from out-of-home placement and extensive stays in foster care through the implementation of evidence-based practices that allow children to remain safely in their homes and to expedite reunification with their families.

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<sup>5</sup> Trauma Systems Therapy (TST) was developed by Dr. Glenn Saxe, M.D. Department Chair for Child and Adolescent Psychiatry at New York University. TST provides the tools that front-line staff, resource parents and service providers can use to support their interventions with children and families, facilitating the effective implementation of evidence-based treatment modalities across the network of core service agencies providing mental health services in the District of Columbia.

### District of Columbia System of Care (SOC)

The DC Department of Behavioral Health received a multi-year grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) to expand the District's System of Care (SOC). CFSA has intentionally aligned its approach to child welfare reform with the District's ongoing system improvement initiatives, particularly in the area of mental health. DBH is leading the SOC expansion. Among the inventory of identified priority needs and barriers to be addressed, the SOC will expand evidence-based practices in the District, track outcomes system-wide and ensure model fidelity, as well as expand the array and accessibility of trauma-informed community services.

The first year of the SOC expansion implementation grant has seen significant progress toward the overarching goal of "improving the mental health of all youth in the District of Columbia by building an enhanced System of Care infrastructure to increase capacity for effective mental health services that are family driven and youth guided." A diverse group of family members, community organizations, providers and DC agencies, including CFSA, have worked together and collaborated to design and implement the goals which include:

1. Improved access
2. Parent and youth peer support
3. Functional assessment utilizing a common assessment tool across multiple systems
4. Integration of Behavioral Health and Primary Care
5. Reinvestment strategies to promote sustainability

DBH convened action teams to address each of the above goals and CFSA had representatives participating on each team. CFSA is also in discussion with DBH regarding how the title IV-E waiver demonstration project aligns with the goals of the SOC grant, specifically with regard to reinvestment strategies to promote sustainability of waiver-funded services. Additional information on these strategies is provided in *Section V. Work Plan*.

### **Target Population**

Among populations traditionally served, CFSA has identified priority populations to target for the title IV-E waiver. CFSA believes these children and families would benefit most from the interventions to be implemented under the demonstration project because they will assure family stability, child safety, and overall well-being.

CFSA's target populations for the title IV-E waiver include:

- Families with children ages 0-6 who are involved in Family Assessment or In-Home services.
- Families with mothers ages 17-25 who are involved in Family Assessment or In-Home services.
- Families with a child who has been in out-of-home care for 6-12 months and has the goal of reunification.

The implementation of the identified evidence-based interventions (described below) under the title IV-E waiver is designed to target these populations and to mitigate existing risk factors and reduce the likelihood or occurrence of abuse and neglect. CFSA's target populations will be described in greater detail in *Section II. Target Populations*.

## **Interventions**

The implementation of services under the title IV-E waiver is in alignment with the overall child welfare system transformation currently underway in the District of Columbia. In identifying interventions to implement under the title IV-E waiver, CFSA was intentional with its selection of evidence-based practices that have produced positive outcomes for families with similar characteristics and needs of the identified target population, and that also support the Agency's overall vision for a continuum of child welfare services. Further, CFSA chose interventions that would contribute to the continued reduction of the foster care population by expediting permanency and supporting families following reunification, and by stabilizing at-risk families through supportive services that mitigate safety factors and increase family functioning.

Under the title IV-E waiver, CFSA will implement two new evidence-based practices that include the following:

### Homebuilders®<sup>6</sup>

Homebuilders is a home- and community-based intensive family preservation services treatment program designed to avoid unnecessary out-of-home placement of children and youth. The goals of Homebuilders are to reduce child abuse and neglect, family conflict, and child behavior problems; and to teach families the skills they need to prevent removal. The program model engages families by delivering services in their natural environment, at times when they are most receptive to learning, and by enlisting them as partners in assessment, goal setting, and treatment planning.

### Project Connect<sup>7</sup>

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<sup>6</sup> <http://www.cebc4cw.org/program/homebuilders/>

Project Connect works with high-risk families involved with the child welfare system who are affected by parental substance abuse, mental health issues and domestic violence. The program offers home-based counseling, substance abuse monitoring, nursing, and referrals for other services. The program also offers home-based parent education, parenting groups, and an ongoing support group for mothers in recovery. While the goal for most Project Connect families is maintaining children safely in their homes, when this is not possible, the program works to facilitate reunification, which is how CFSA intends to implement the model. Family risks may include the following: poly-substance abuse and dependence, domestic violence, child abuse and neglect, criminal involvement and behavior, physical and mental health conditions, poverty, inappropriate housing, lack of education, poor employment skills, and impaired parenting. Project Connect staff includes individuals with experience and professional licensure in the fields of substance abuse, child welfare, mental health and/or substance abuse. Where needed, the program implements individual training plans for the development of skills in areas where staff has less experience.

In addition to implementing new evidence-based practices, CFSA will also expand prevention services under the title IV-E waiver to be offered as early intervention services to families involved with Family Assessment or In-Home services. These are services that are currently available to District children and families who have no current or prior history of involvement with the child welfare system. The title IV-E waiver offers the Agency the flexibility to expand eligibility of services to certain families involved with CFSA who otherwise meet the criteria for the services. The prevention services that will be expanded under the title IV-E waiver include:

#### Parent Education and Support Project (PESP)

CFSA will enter into contractual relationships with four providers to offer services under the Parent Education and Support Project (PESP). Each provider offers a range of services to families to include home visits, assessment of the families' needs, parenting groups, and other programming to address concrete needs, such as literacy, job preparedness and others. Providers offer the services using evidence-based models, such as the Effective Black Parenting Program, the Nurturing Parenting Program, the Incredible Years curriculum and others. Each provider was previously awarded a grant by CFSA to provide these services and required to engage in ongoing evaluation and assessment of program impact, including family involvement with the child welfare system. Findings to date indicate improvements in family functioning, reductions in risk factors and increased protective factors. As part of the grant, each also administered the Protective Factors Survey (PFS) and utilized findings from the PFS to adjust and improve

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<sup>7</sup> <http://www.cebc4cw.org/program/project-connect/>

service delivery to the target population. The providers will continue to administer the PFS to monitor progress toward outcomes for the demonstration project.

The four providers that will offer PESP services under the title IV-E waiver include:

- Healthy Babies Project, Inc. – The Teen Parent Empowerment Program (TPEP) provides health education and services to young adults ages 12-21, equipping them to be responsible parents, prevent repeat pregnancies, complete high school or a GED program, continue with college, careers, or other post-high school options, and move them out of the cycle of poverty.
- CentroNia – A three-tiered intervention to support low-income, bilingual and immigrant families that includes a series of parenting workshops, as well as providing direct support services, emergency support, economic stabilization, comprehensive counseling, case management and referrals.
- East River Family Strengthening Collaborative – The program provides parent education, parent support groups, mental health services, behavioral and social skills development, educational and vocational support services, housing assistance, individual, family and group counseling, therapeutic recreation, and treatment services.
- Columbia Heights/Shaw Family Support Collaborative – The program includes a series of parenting courses (in English and Spanish), a series of parenting workshops, as well as various community organization staff development opportunities throughout the year, including partner staff training.

### Home Visiting

Home visiting programs offer a variety of family-focused services to expectant parents and families with new babies. Referrals can be made up until the infant is 11 months old. They address issues such as maternal and child health, positive parenting practices, safe home environments, and access to services. An interdisciplinary team of case managers, a registered nurse, and others responsible for providing access to home- and community-based services to address medical, behavioral, and educational needs. The goal of the program is to decrease the incidence of child abuse and neglect through the provision of intensive home- and community-based services.

### Father-Child Attachment

The Father-Child Attachment program is a home- and community-based intervention for expectant and new fathers (eligible for enrollment until the infant is 3 months old). The model draws from the Chicago Parent Program utilizing video technology and parent individual and group discussions. The video is then used as a learning tool and to

promote increased awareness and understanding of the impact of parental behavior on child responses. The program has shown improvement in the attachment between the father and child, and an increase in protective factors, as well as positive improvement in the relationships and interactions between the father (usually the non-custodial parent) and the child's mother.

#### Parent and Adolescent Support Services (PASS)

CFSA and the DC Department of Human Services (DHS) have entered into a Memorandum of Understanding (MOU) to support expansion of the DHS Parent Adolescent Support Service (PASS) (see attachments). The PASS program is a voluntary program open to families of District youth ages 10-17 who are committing status offenses. Status offenses include truancy, running away, curfew violations and extreme disobedience, among other behaviors that are illegal for young people under the age of 18. PASS works cooperatively with families and service providers to reduce these challenging behaviors before child welfare and/or juvenile justice intervention is needed.

Addition information on each of the interventions described above can be found in *Section III. Demonstration Interventions and Associated Components*.

### **Theory of Change**

In support of CFSA's Four Pillar strategic framework, the Agency's title IV-E waiver demonstration project seeks to increase the number of children who can remain safely in their homes and the number of families who can achieve timely permanency by providing services and resources that strengthen family functioning. While CFSA has experienced a steady decline in the foster care population in the past few years, length of stay in care continues to be of concern. As of September 30, 2013, the average length of time in care was 17.7 months for children and youth with the goal of reunification.<sup>8</sup> This was an increase from the previous year when the average length of time was 14.7 months for children with the goal of reunification. Further, CFSA looks to maintain children safely with their families by eliminating unnecessary removals of children from their homes by providing services and resources that address immediate safety concerns and mitigate risk. A total of 406 children were removed from their homes in FY2013.<sup>9</sup> Eleven percent (45 out of a total of 406) of the children removed in FY2013 were in foster care for less than 90 days before they were returned to their families. In addition, 72 (18%) of the removals included children whose families were involved with In-Home

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<sup>8</sup> FACES.NET report CMT 367; based on a point-in-time figure on the last day of the fiscal year.

<sup>9</sup> FACES.NET Ad Hoc Report

services.<sup>10</sup> This was an increase from FY2012 when 22 children were removed from In-Home services.

CFSA's theory of change assumes families will be better able to ensure their child's well-being and provide them with a safe, permanent home when they have access to individualized community-based services that engage them in "hands on" skills development, so that they are able to demonstrate increased knowledge of child development and age-appropriate behaviors, as well as improved interactions with their child, the ability to positively cope when faced with challenges and increased connections to positive social supports, which improves overall family functioning. The title IV-E waiver demonstration project supports this theory by expanding the continuum of services in the child welfare system and by strengthening existing partnerships with District government and community providers. With the introduction of two new intensive family preservation programs, families will be able to access services tailored to their strengths and needs so that caregivers can learn developmentally appropriate parenting skills which will result in improved parenting skills and ultimately lead to more children remaining safely in their homes and a reduction in time to achieve reunification. CFSA will further narrow the front door by increasing the capacity of caregivers to safely care for their infants, children and youth by providing early intervention services so that parents demonstrate improved parenting and coping skills, which will result in enhanced family functioning and reduced re-reports of maltreatment. The attached outcome chains and logic model further detail the theory of change for the demonstration project and how specific interventions will result in expected outcomes (see attachments).

## **II. Target Populations**

In the District of Columbia, the most recent census data indicates approximately 109,000 (17%) of the District's residents are under the age of 18.<sup>11</sup> Racial and ethnicity composition for youth in the District of Columbia varies from 63% Caucasian in Ward 3 to over 90% African American in Ward 7. The census data also indicate 1.7% of all children and youth in the District are in the foster care system although the actual number of children in out-of-home care has been declining over the past four years (see Graph 1) and the number of children involved with In-Home services has surpassed the foster care population the past two years. The title IV-E waiver is timely in providing the District with an opportunity to expand existing and implement new evidence-based practices designed to further reduce the foster care population, increase the number of children who can remain safely in their homes and support child welfare reform efforts overall. To achieve these goals, CFSA has identified priority populations that we believe

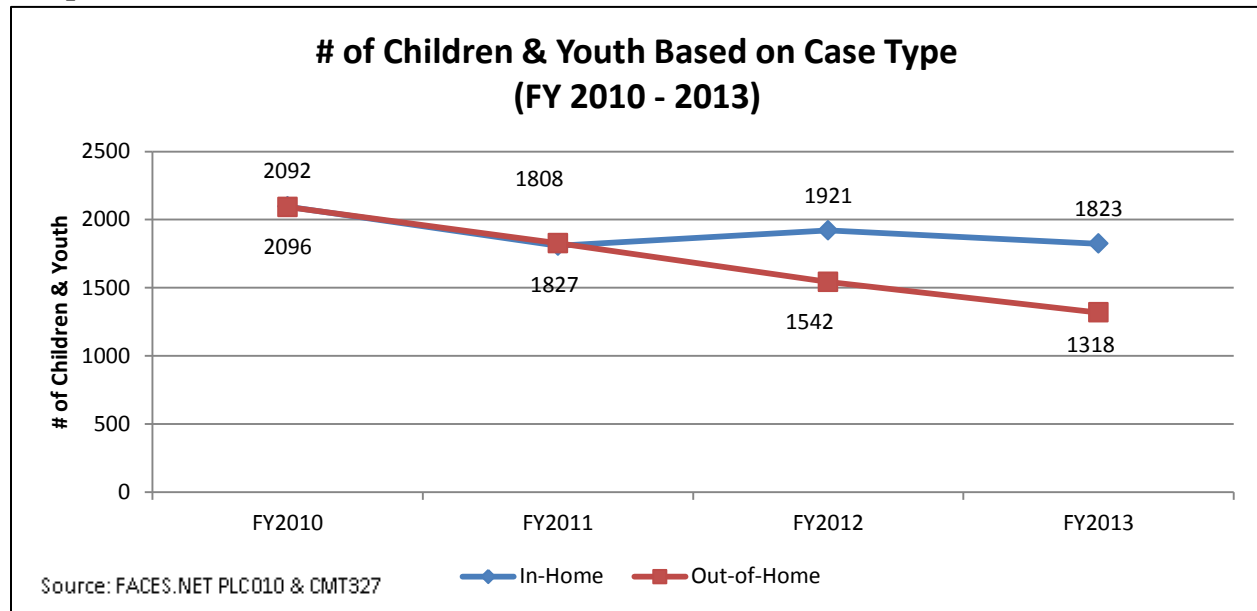
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<sup>10</sup> FACES.NET Ad Hoc Report

<sup>11</sup> <http://quickfacts.census.gov/qfd/states/11000.html>

will benefit most from waiver-funded interventions. While all children and families involved with CFSA who are eligible and appropriate for the waiver-funded services will be able to receive them, priority access to waiver-funded services will be given to families within the identified sub-populations (children ages 0-6, mothers ages 17-25 and children who have been in out-of-home care for 6-12 months with the goal of reunification). This section provides detailed information on the characteristics and needs of these sub-populations.

**Graph 1.**



## Characteristics

### Families with Children Ages 0-6 and Mothers Ages 17-25 Involved with Family Assessment or In-Home Services

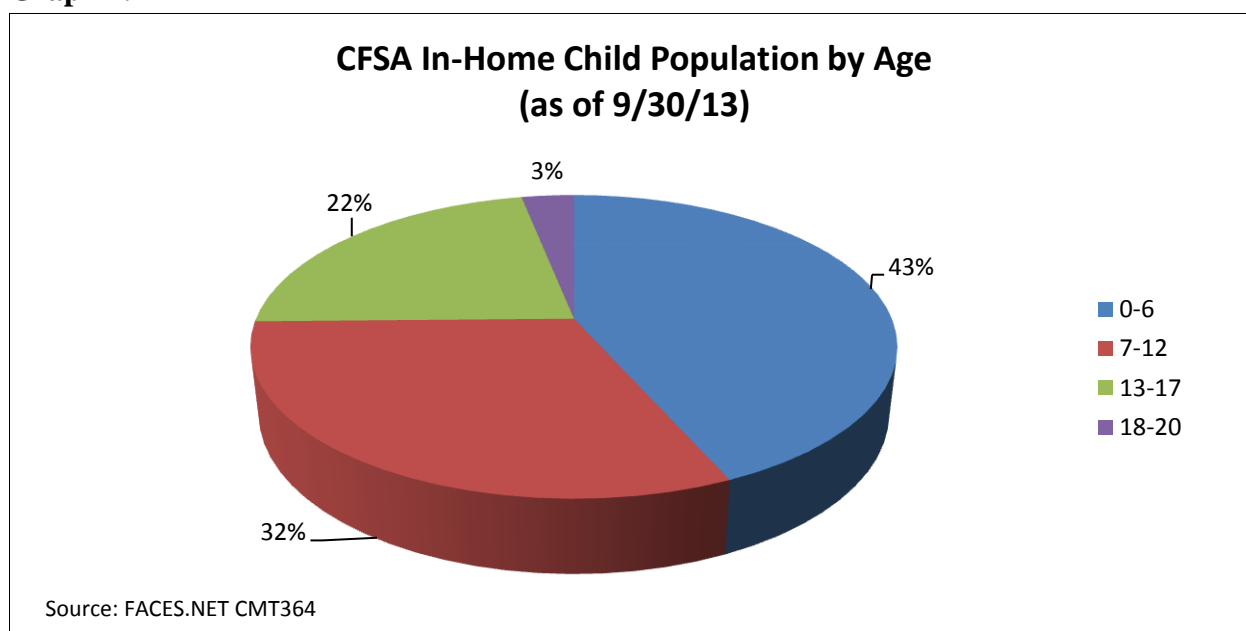
According to recent census data, young children (ages 0-5) comprise about 38,500 (6%) of the District's child population. Families with children ages 0-6 make up the majority of families involved with CFSA's In-Home services. As illustrated in Graph 1 above, 1823 children were involved with CFSA's In-Home services at the end of FY2013 and most of those children (43%) were ages 0-6 (see Graph 2 below). The population was almost evenly split with regard to gender with 51% male and 49% female children ages 0-6. Most children receiving In-Home services reside in Wards 5, 7, and 8 (8%, 12%, and 22% respectively).<sup>12</sup> Ward 8 residents make up the

<sup>12</sup> Wards 8 and 7 contain the first and second highest overall child populations, 31% and 27% respectively, among all wards within the District of Columbia. Ward 5 ranks fourth highest in child population (18%), behind Ward 4 (20%).



greatest population of clients being service in-home (22%) and the majority of children ages of 3-5.

**Graph 2.**



As of September 30, 2013, there were 555 cases were open with In-Home services<sup>13</sup>. A snapshot of these cases reveals the following:

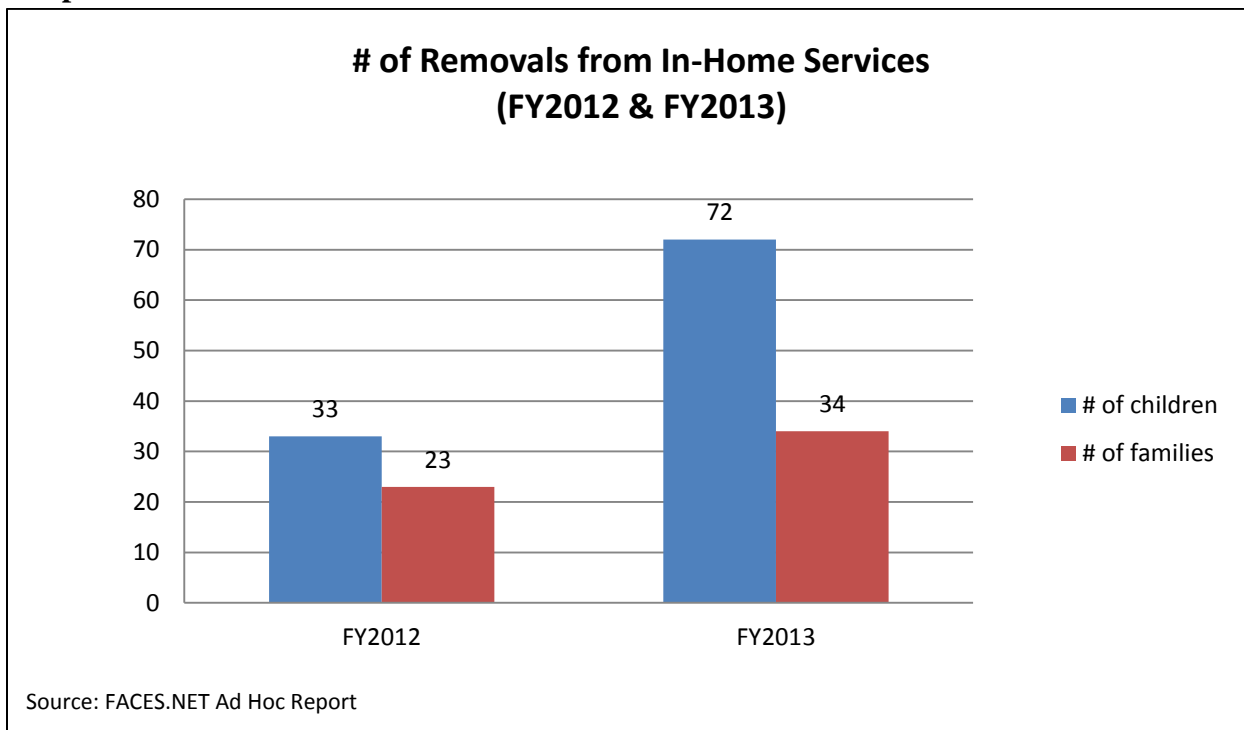
- 110 (20%) involved mothers between the ages of 17-25.
- 106 (19%) involved children ages 0-6 and mothers ages 17-25.
- 68 (12%) involved families who had been involved in an In-Home case that had closed within the previous 12 months.
  - Of the 68 families, the majority of them (46 or 68%) had children ages 0-6 and 12 (26%) involved families with mothers ages 17-25.

CFSA experienced an increase in the number of families involved with In-Home services that experienced a removal of at least one child from FY2012-2013 (see Graph 3 below). While the

<sup>13</sup> FACES.NET Ad Hoc Report

number of families experienced a modest increase, the number of children more than doubled, indicating that at least some of the removals included large families.

**Graph 3.**



Moreover, CFSA recently conducted focus groups of In-Home supervisors and managers for its 2013 Needs Assessment.<sup>14</sup> When asked the reasons that children were removed from in-home cases, the overwhelming majority noted chronic mental illness and substance abuse. This aligns with types of cases that resulted in in-home cases in FY2013. As illustrated in Table 1 below, *Substance Abuse (impacts parenting)* was the second most substantiated maltreatment type along

<sup>14</sup> On a bi-annual basis, CFSA completes a Needs Assessment that is not limited to, but focused on, current and projected placement and placement resource services for children, youth and families served by the child welfare system. Information is gathered through quantitative data analysis of FACES.NET and qualitative data analysis from surveys, interviews and focus groups to gain information and feedback from birth parents, youth, resource parents, CFSA staff at all levels, community partners and other key stakeholders.

with *Inadequate or Lack of Supervision* followed by *Domestic Violence*. Additional information regarding these substantiations are detailed below under *Needs* (page 22).

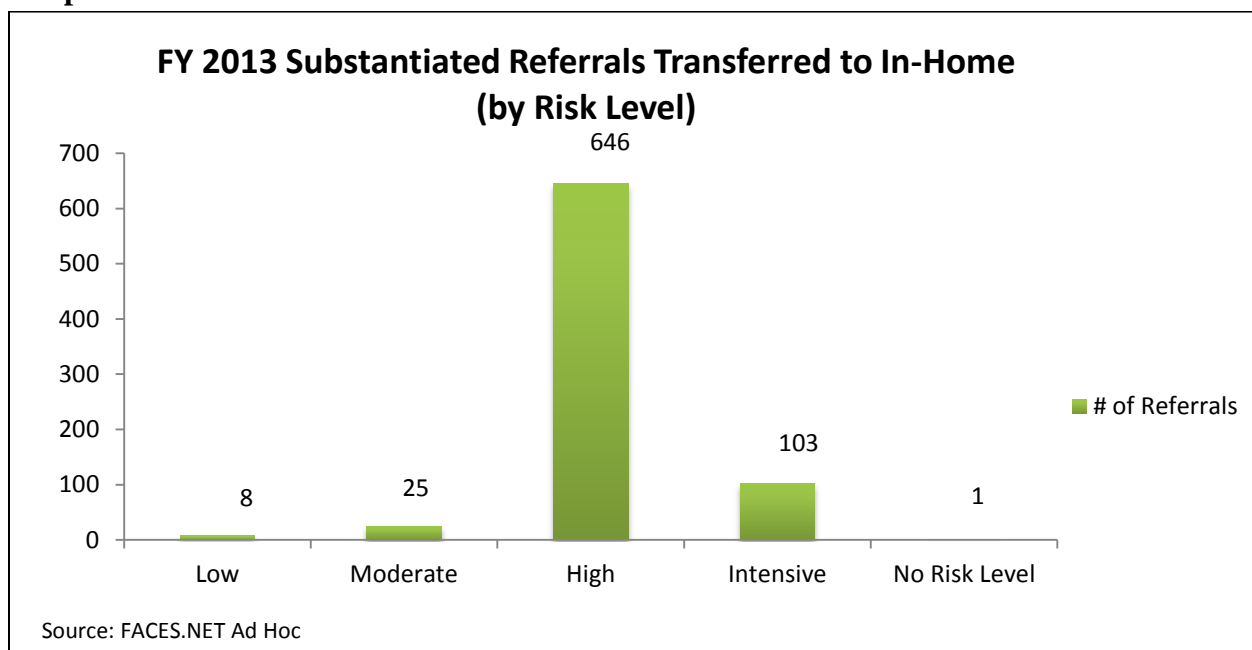
**Table 1.**

<b>Maltreatment Type<sup>15</sup></b>	<b>Total Unique Substantiations</b>
Educational Neglect	91
Inadequate or Lack of Supervision	69
Substance Abuse (impacts parenting)	69
Domestic Violence	60
Unwilling Unable to Provide Care	59
Hitting	55
Medical Neglect	51
Inadequate or Dangerous Shelter	35
Failure to Protect	21

In the development of the title IV-E waiver proposal, In-Home staff indicated that they have observed an increase in the complexities of needs within the families being referred for In-Home services as the overall In-Home population continues to increase. In-Home staff indicated that families frequently have had prior involvement with the Agency and are facing multiple challenges, such as mental illness, substance abuse, domestic violence and limited financial resources which put them at increased risk for future maltreatment and require increased staff time to address. Graph 4 below shows that the majority of families have been assessed to be at high risk for future maltreatment (646 or 82%) or intensive risk for future maltreatment (103 or 13%) based on the SDM risk assessment. CFSA anticipates referring families for Homebuilders' services that have been deemed at imminent risk of removal and assessed at an intensive risk level based on the SDM safety assessment, as well as those assessed at an intensive risk level based on the SDM risk assessment. CFSA is also considering referring families assessed at high risk levels based on the SDM risk assessment and is in the process of determining the characteristics that would make such families eligible for services under the model.

<sup>15</sup> This table includes the ten most substantiated maltreatment types that resulted in in-home cases in FY2013. Some cases included substantiations for multiple maltreatment types.

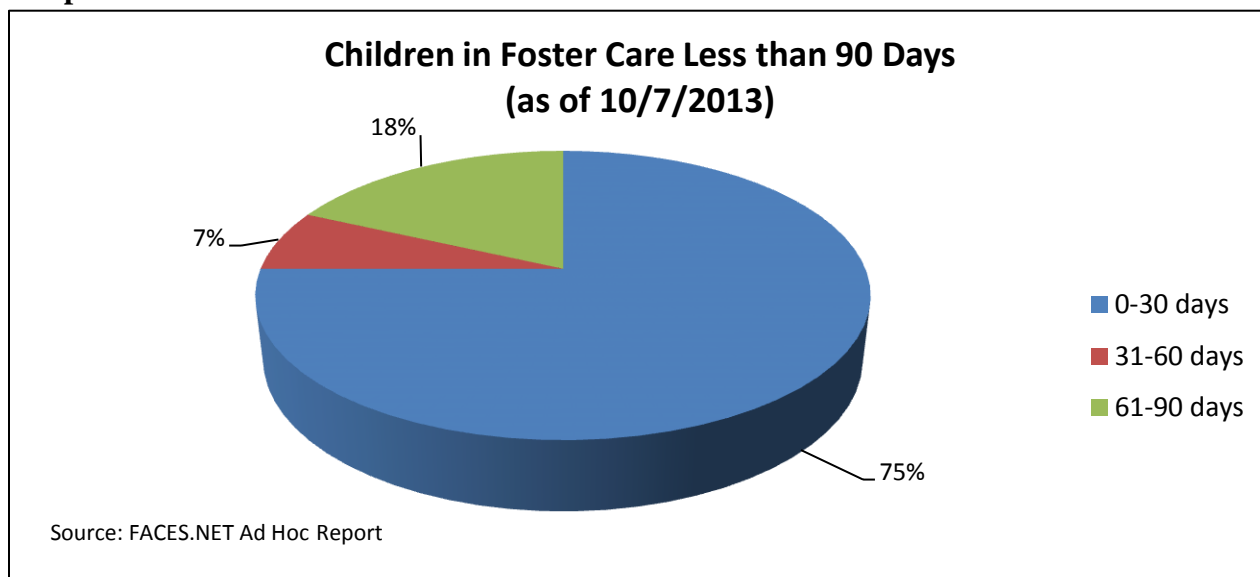
**Graph 4.**



Due to concerns regarding safety and risk, CFSA will sometimes need to place a child in foster care when resources and supports are unavailable at the time of the removal to implement an In-Home safety plan. Of the 406 children who were removed in FY2013, 46 (11%) were placed in foster care for less than 90 days with the vast majority of children (75%) returning to their families in less than 30 days (see Graph 5 below).<sup>16</sup> Of the 46, 24 (53%) were children ages 0-6. CFSA anticipates that the number of children placed in care for less than 90 days will decrease with the addition of Homebuilders services, as families will be able to access intensive family preservation services designed to address immediate safety needs.

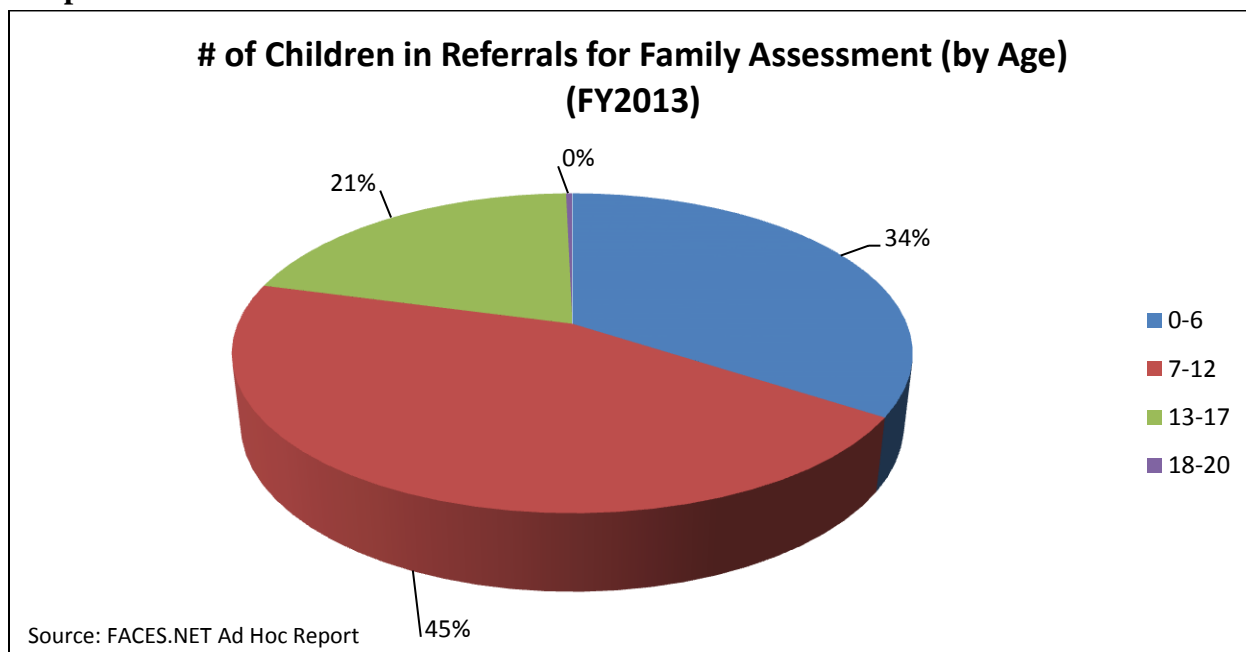
<sup>16</sup> FACES.NET Ad Hoc Report

**Graph 5.**



In FY2013, CFSA received a total of 1664 referrals to the Hotline that were identified as eligible for Family Assessment services under Differential Response.<sup>17</sup> Of those referrals, 673 (40%) involved children aged 0-6, with a total of 857 children aged 0-6 identified in the referral. Families with children ages 0-6 were the second largest population referred for Family Assessment after families with children ages 7-12 (see Graph 6 below).

**Graph 6.**



This is likely due to the large numbers of referrals for *Educational Neglect* (1448 or 87%) made to Family Assessment in FY2013.<sup>18</sup> The next most common referral was for *Inadequate or Dangerous Shelter* (see Table 2). Young parents were also represented among families referred for Family Assessment services. Of the 1664 referrals for Family Assessment, 383 (23%) involved a parent or caregiver ages 17-25. The early intervention services that will be available to this population under the title IV-E waiver will gather information related to the families' strengths and needs, which will better inform CFSA in the future as to the underlying problems that often result in safety concerns that put the child at risk of removal.

**Table 2.**

<b>Maltreatment Type</b>	<b>Total Unique Referrals<sup>19</sup></b>
Educational	1448
Inadequate or Dangerous Shelter	98
Inadequate Physical Care	50
Inadequate Food	46
Inadequate Clothing	38
Unwilling or Unable to Provide Care	32
Newborn w/Positive Toxicology	13
Substance Abuse (impacts parenting)	2
Medical Neglect	1
Newborn w/Addiction or Dependency	1

Families with a Child in Out-of-Home care for 6-12 months with the Goal of Reunification  
 As of September 30, 2013, 42% (1318) of the child population served by CFSA was in foster care.<sup>20</sup> As previously noted, CFSA experienced a 14% decrease in the foster care population between FY2012 and FY2013.<sup>21</sup> As children enter out-of-home foster care placements, CFSA continues to plan and monitor progress towards planning for a child's permanency. Of all children being served in an out-of-home placement (as of September 30, 2011), 82% (1083) were in a family-based foster home. At the end of FY2013, 24% (325) of children were placed in kinship homes, which is an increase from 16% reported at the end of FY2012. Additionally, 77% (978) of children in out-of-home care experienced two or fewer placements.

<sup>18</sup> FACES.NET Ad Hoc Report

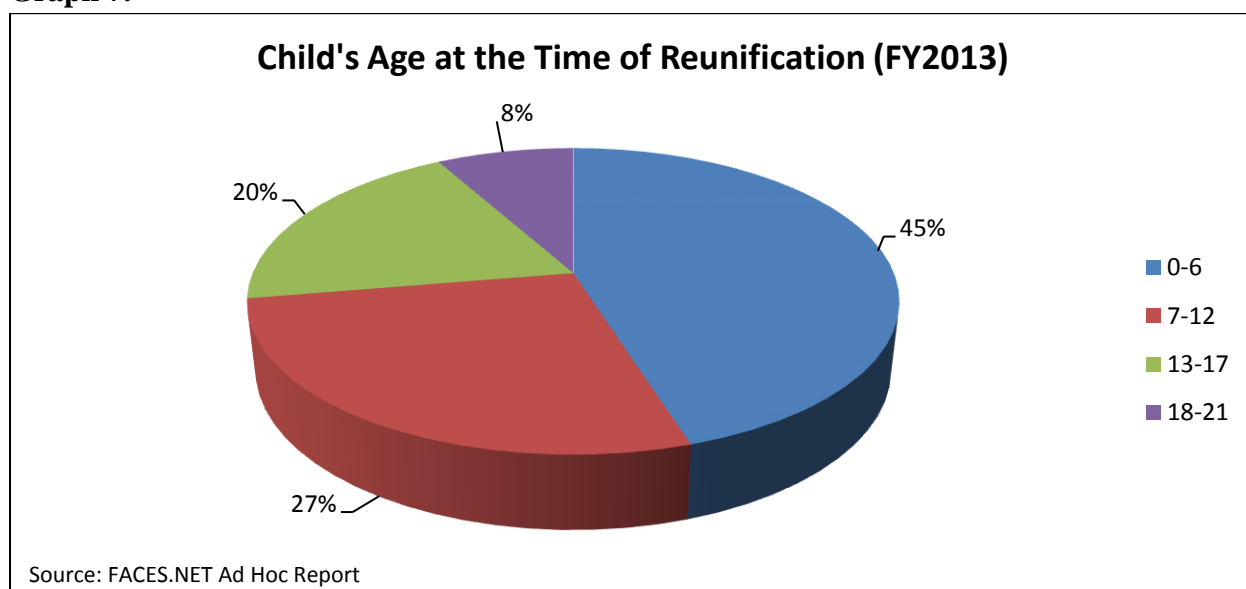
<sup>19</sup> The numbers may not add up to 1664, as a referral can include multiple maltreatment types. In addition, a portion of the referrals were determined not to rise to the level that warranted intervention and were screened out, so they may not have been assigned a maltreatment type

<sup>20</sup> Source: FACES.NET report PLC 156, CMT 364

<sup>21</sup> Total population is a point-in-time figure on the last day of the fiscal year.

CFSA's overall foster care population is represented fairly equally across the age groups. As of September 30, 2013, 28% of the children in foster care were children ages 0-6, 21% were children ages 7-12, 25% were youth ages 13-17 and 26% were young adults 18-20. The distribution among the age groups varied, however, when looking at families who achieved reunification in FY2013. As illustrated in Graph 7 below, the majority of children reunified with their families last fiscal year were ages 0-6. With regard to gender, it was almost equal with 129 (52%) females and 117 (48%) males.<sup>22</sup>

**Graph 7.**



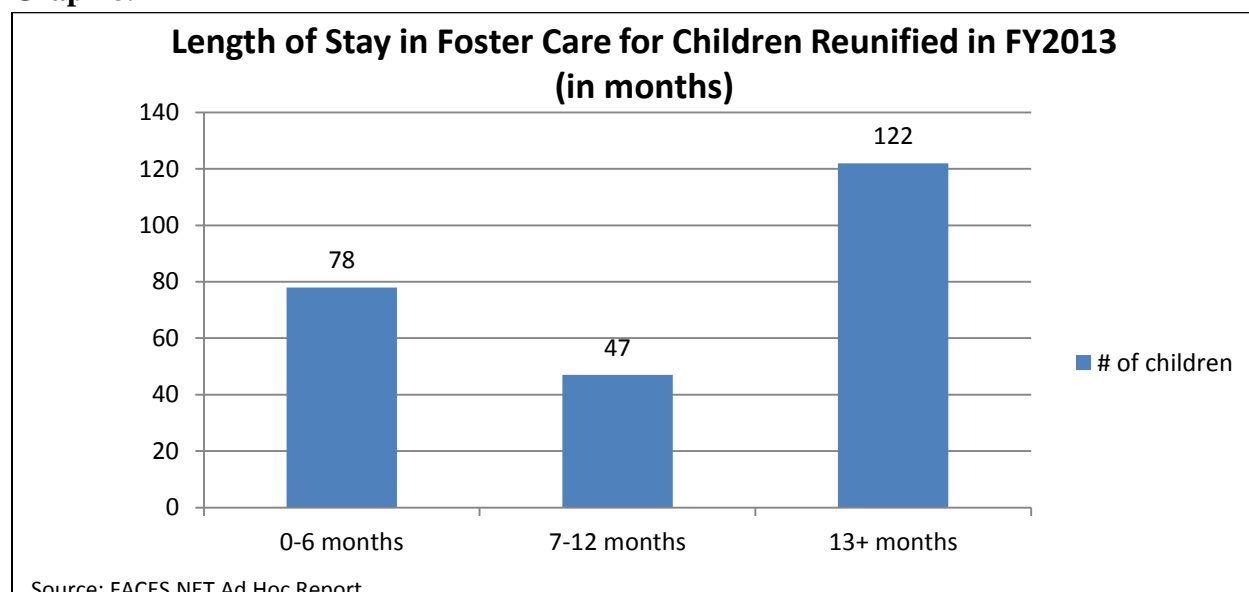
While the number of children in foster care continues to decrease, CFSA remains concerned regarding the length of stay of children in foster care. Graph 8 shows that the majority of children and youth (122 or 49%) who reunified in FY2013 had been in foster care for 13 months or longer. As previously noted, the average length of time in care was 17.7 months for children and youth with the goal of reunification.<sup>23</sup> This was an increase from the previous year when the average length of time was 14.7 months for children with the goal of reunification. CFSA will implement Project Connect with this population to support substance affected families prior to, during and after reunification to conduct a comprehensive assessment, implement a safety plan and connect them with services and resources tailored to their strengths and needs, which will expedite reunification and mitigate re-entries. This process will further inform what additional

<sup>22</sup> FACES.NET Ad Hoc Report

<sup>23</sup> FACES.NET report CMT 367. This is a point-in-time figure as of the last day of the fiscal year.

information may need to be gathered on the target population to ensure families who will benefit most from the services are able to access them.

**Graph 8.**



CFSA is looking not only to expedite reunification, but to also implement supports and resources to ensure that children and youth remain with their families following the transition back into the home. In FY2012, a total of 366 children exited to reunification. Of those children, 41 (11.2%) re-entered care in less than 12 months, with 14 having re-entered within 6 months.<sup>24</sup> Of the 266 children who exited care to reunification in FY2013, 17 (6.9%) have re-entered care (as of November 25, 2013). CFSA anticipates this number will decrease with the introduction of Project Connect which can remain working with a family up to 12 months to support families following reunification.

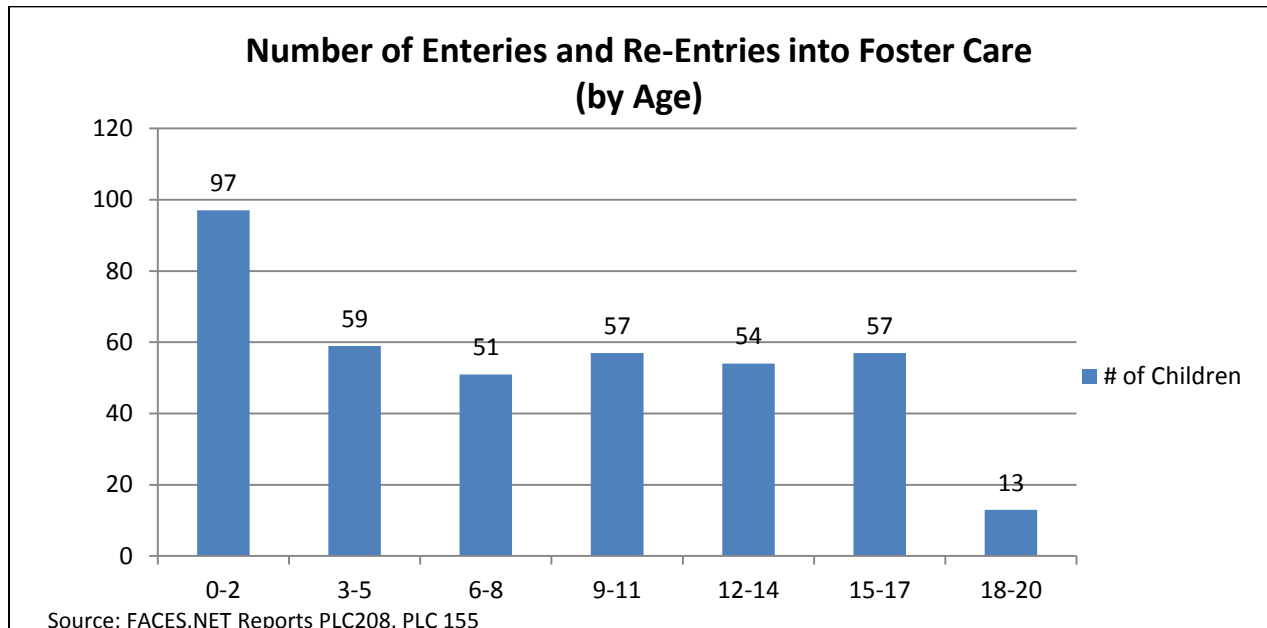
Overall, young children were the most likely to enter or re-enter foster care (see Graph 9 below). Children ages 0-2 comprised the largest population (approximately 25%) of entries or re-entries and children ages 3-5 years were the second largest comprising 15% of the population.<sup>25</sup>

**Graph 9.**

<sup>24</sup> FACES.NET Report PLC238

<sup>25</sup> Source: FACES.NET Reports PLC 208, PLC 155





## Needs

### Poor and Low-Income Families

Compared to other jurisdictions, the District of Columbia has one of the highest percentages of children living in poverty (approximately 30% compared to 22% nationally).<sup>26</sup> According to the U.S. Department of Labor Bureau of Labor and Statistics, the District experienced a slight increase in the unemployment rate in October 2013 (from 8.6% to 8.9%)<sup>27</sup> and District parents experienced a higher unemployment rate than the general population – 12% in 2012 in comparison to 8.4% for the general population during the same timeframe.<sup>28</sup> Wards 7 and 8 experience the highest overall unemployment rates (15.4% and 23.1% respectively)<sup>29</sup> as well as the most children who apply for and are deemed eligible for Temporary Assistance for Needy Families (TANF), Medicaid and supplemental assistance nutrition program (SNAP, formerly known as food stamps).<sup>30</sup> As previously noted, Wards 7 and 8 are the most represented wards among the population involved with CFSA's In-Home and Out-of-Home services. In addition,

<sup>26</sup> Child Welfare League of America (2012), State Fact Sheets  
<http://www.cwla.org/advocacy/statefactsheets/statefactsheets12.htm>

<sup>27</sup> <http://data.bls.gov/timeseries/LASST11000003>

<sup>28</sup> Annie E. Casey Foundation, Kids Count Data Center

<sup>29</sup> [http://does.dc.gov/sites/default/files/dc/sites/does/release\\_content/attachments/DC%20Ward%20Data%20Feb13-Jan13-Feb12.pdf](http://does.dc.gov/sites/default/files/dc/sites/does/release_content/attachments/DC%20Ward%20Data%20Feb13-Jan13-Feb12.pdf)

<sup>30</sup> Urban Institute, Every Kid Counts in the District of Columbia: 17<sup>th</sup> Annual Fact Book (2010)

District children under the age of 6 are slightly more likely to come from a low-income working family in comparison to children from other age groups.<sup>31</sup>

### Single Parent Families

According to a 2010 report by the Urban Institute, half of the District's children were living in a household headed by a single female (e.g. mother or other female relative).<sup>32</sup> Most came from Wards 7 and 8 (69% and 73% respectively).<sup>33</sup> Children living in households headed by a single woman are more likely to be poor than married couple families and single male headed families. Fifty-three percent of District children under the age of 6 are living in a single parent household and 23% of those children are living in poverty.<sup>34</sup> Over 80 percent of mothers who gave birth in the District in 2007 were single and from Wards 7 and 8.<sup>35</sup>

### Young Parents

In 2007, about 12.2% of births in the District were to mothers under the age of 20, a slight increase from 12.0 % in 2006.<sup>36</sup> Almost one fifth of births in Wards 7 and 8 were to teenage mothers in 2007, compared to just over 1 percent of births to teenage mothers in Ward 3. In addition to chronic mental illness and substance abuse, focus group participants noted that removals from In-Home cases also occur due because many young parents are ill-equipped to handle challenges of parenthood and lack access to supports to help them cope<sup>37</sup>. Availability of sufficient financial and basic resources, in particular housing was also noted by participants as significant issues with the In-Home cases.

### Co-occurring Conditions

In the development of the title IV-E waiver, CFSA staff and community providers noted that mental health issues, substance abuse and domestic violence concerns (often co-occurring) have been identified as ongoing challenges that prolong a family's involvement with the child welfare system, increasing risk of removal, delaying reunification and increasing the likelihood of future maltreatment, as well as re-entry into out-of-home care.

### *Mental Health Concerns*

In FY2013, 60% (1,884) of children and youth involved with CFSA were referred for mental health services with DBH.<sup>38</sup> Of those children and youth, 65% were linked to and receiving

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<sup>31</sup> The Annie E. Casey Foundation, Kids Count Data Center

<sup>32</sup> Urban Institute, Every Kid Counts in the District of Columbia: 17<sup>th</sup> Annual Fact Book (2010)

<sup>33</sup> The Annie E. Casey Foundation, Kids Count Data Center (2010)

<sup>34</sup> National Center for Children in Poverty, American Community Survey (2011)

<sup>35</sup> Urban Institute, Every Kid Counts in the District of Columbia: 17<sup>th</sup> Annual Fact Book (2010)

<sup>36</sup> Urban Institute, Every Kid Counts in the District of Columbia: 17<sup>th</sup> Annual Fact Book (2010)

<sup>37</sup> 2013 Needs Assessment, CFSA

<sup>38</sup> FACES.NET & DBH eCURA Databases

mental health services from DBH; 60% were in foster care and 40% were receiving In-Home services.<sup>39</sup> Most of the children and youth were from Ward 8 (54%) and Wards 6 and 7 represented the next highest number of children and youth at 22%. Children ages 0-12 represented the highest age group referred for services at 46%. The following highlights the ten most diagnosed mental illnesses among the children and youth linked to services:

- Depressive Disorder not otherwise specified (NOS)
- Attention-deficit Hyperactivity Disorder
- Mood Disorder NOS
- Adjustment Disorder with Mixed Disturbance of Emotions
- Adjustment Disorder Unspecified
- Oppositional Defiant Disorder
- Disruptive Behavior Disorder NOS
- Adjustment Disorder/Mixed Emotional Features
- Adjustment Disorder with Depressed Mood
- Psychotic Disorder NOS

CFSA and DBH are currently in the process of identifying additional strategies to compare and analyze data for the benefit of the Trauma grant, SOC grant and the title IV-E waiver. As explained further in *Section V. Work Plan*, the same contracted evaluator will be used for each initiative and will assist in identification of additional data sets to assist in more comprehensive analysis related to the mental health of the target populations of the demonstration project.

#### *Substance Abuse*

CFSA has partnered with DBH's Addiction Prevention and Recovery Administration (APRA), the Department of Youth Rehabilitation Services (DYRS) and the Family Court to identify and address service gaps related to substance abuse by the District's youth and caregivers (additional detail of this partnership is provided in *Section VIII. Program Improvement Policies*). While CFSA does not currently have comprehensive data related to this issue at this time, this collaboration will foster increased data sharing among the partners, which will allow for greater analysis and understanding of substance use and abuse in the District, in particular as it relates to the title IV-E waiver target populations.

#### *Domestic Violence*

CFSA's staff currently includes one Domestic Violence Specialist who is under the purview of

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<sup>39</sup> Children and youth may not have been linked to services because an assessment determined they were not necessary, the family declined to participate in services, they were in the process of being linked to a service or the service was not available at that time.

the Agency's Office of Well-Being (OWB).<sup>40</sup> In FY2013, CFSA experienced a 75% increase in referrals to the Domestic Violence Specialists.<sup>41</sup> OWB attributes this to increased awareness of domestic violence with the introduction of the RED (review, evaluate, direct) Team decision making model, which promotes group discussion and deep evaluation of the domestic situations of families coming to CFSA's attention.<sup>42</sup> OWB further reported that incidents of lethality associated with domestic violence cases appear higher than in the past, with more involvement of weapons and/or threats to harm victims.<sup>43</sup> There also appeared to be an increase in dating violence among youth; OWB received 18 referrals for youth aged 16-20 and 15 referrals for youth aged 21 during FY13.<sup>44</sup> As detailed later in *Section VIII. Program Improvement Policies*, CFSA will be receiving technical assistance from the National Resource Center (NRC) on Domestic Violence to address this growing concern among CFSA's population. Through this process, CFSA will be able to gather additional data to further increase awareness and understanding of the presence of domestic violence among the target populations for this demonstration project.

### **Estimates of Children and Families to be Enrolled in Waiver-Funded Services**

In the first year of the demonstration project, CFSA anticipates that 100 families will be served by each of the interventions—Homebuilders, Project Connect and the early intervention services. CFSA anticipates serving 225 families with each of the interventions in the following year. Each year, CFSA will evaluate demand and capacity of the services to ensure effective utilization of each of the interventions to be implemented under the title IV-E waiver.

## **III. Defined Demonstration Interventions and Associated Components**

As previously discussed, CFSA will implement two new evidence-based practices under the title IV-E waiver and also expand the capacity and scope of existing prevention services to include

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<sup>40</sup> The Domestic Violence Specialist receives referrals from CFSA and contracted-private agency social workers who are concerned that domestic violence may be present in a family's home. The Specialist meets with the family, conducts an assessment and refers the family to services, as appropriate.

<sup>41</sup> Based on manual data gathered by CFSA's Office of Well-Being.

<sup>42</sup> The RED (review, evaluate, direct) Team process provides staff with a consistent teaming method at critical decision points during the family's involvement with CFSA. Additional detail on the RED Team process is provided in *Section V. Work Plan*.

<sup>43</sup> Higher lethality rates speak to risk of a fatal situation, and not the actual occurrence of a DV-related fatality.

<sup>44</sup> While precise numbers for previous years were not provided, OWB staff indicates that these numbers are a notable increase from previous years. It should also be noted that the numbers reflected here may not represent all reported incidents of domestic violence from the Office of Youth Empowerment, but represent the number reported directly to OWB.

families involved with Family Assessment and In-Home services. This section provides detailed descriptions of each intervention, information on the populations who will receive the interventions, plans for how the interventions will address the needs of the target populations, and specified outcomes for each intervention.

## **Homebuilders**

Homebuilders is an evidence-based model that provides intensive, in-home crisis intervention, counseling, and life-skills education for families at imminent risk of a child being placed in foster care. The goal of the Homebuilders model is to prevent the unnecessary out-of-home placement of children through intensive, on-site intervention, and to teach families new problem-solving skills to prevent future crises. Families involved with Homebuilders receive hands-on, in-home parenting support and access to resources to address their specific needs, allowing them to learn new behaviors and to make better choices for their children. Child safety is ensured through small caseloads, program intensity, and 24-hour service availability.

The Homebuilders model utilizes a strength-based approach to partner with families in the identification, development and prioritization of their goals by drawing upon the family's strengths and resources. Services provided by therapists include social support services (e.g., assistance with transportation, budgeting, household maintenance, and home repair), counseling, modeling of parenting skills, extensive interagency treatment planning, and family advocacy within the community context. The Homebuilders therapists teach family members a variety of skills, including child behavior management, effective discipline, positive behavioral support, communication skills, problem-solving skills, safety planning, and further assist the family to establish daily routines through direct teaching (e.g., role playing/practice, coaching and prompting, audio/visual aids, written materials, and homework). The Homebuilders therapists also collaborate with formal and informal community resources, services, and systems to increase the level of supports available to the family on both a short and long term basis. The therapist helps the family effectively navigate multiple systems and teaches them to advocate for themselves and access services and supports within their own community. This may include services to help families meet their basic needs, such as concrete goods and services that are directly related to achieving the family's goals, while teaching them to meet these needs on their own. In addressing concrete needs, the family is better able to focus on increasing protective factors that improve child safety and overall family functioning.

### Components of the Intervention

The core components for the Homebuilders model include:

- Intense, but brief service delivery – Typically 40 or more hours of face-to-face interaction with the family in a 4-6 week period, including availability 24-hours a day, 7-days a week.
- Small caseloads – Typically Homebuilders therapists work with two families at a time.
- Development and implementation of an in-home safety plan to address immediate safety concerns.
- Completion of the North Carolina Family Assessment Scale (NCFAS) to guide the process and organize information, with completed written assessment within one week of the start of services.
- Development of a service plan with the family within one week of the start of services that includes: goals, problem statements, behaviorally specific and measurable indicators of goal achievement, and a list of activities and methods the therapist and family members will engage in to achieve the goal.
- Services are provided in the families natural environment (e.g. home and community)
- “Hands-on” coaching and mentoring using direct methods, generally including the following components:
  - Presentation of the skill
  - Modeling
  - Behavioral rehearsal
  - Corrective feedback
  - Coaching, praise, and encouragement
  - Generalization / maintenance training
- Referrals to community-based services based on the individual needs of the families.

#### Who will receive the intervention?

The Homebuilders services will be an available resource for CFSA social workers to refer families at imminent risk of having a child removed from the home. Children and families engaged in Homebuilders services will be the direct recipients of the services with specific focus on families with children aged 0-6 and/or with mothers aged 17-25 who will be referred for In-Home services by child protective services or who are already involved in In-Home services. CFSA anticipates referring families within this target population for Homebuilders’ services that have been assessed at an intensive risk level based upon SDM safety assessment and deemed at imminent risk of removal based on the SDM safety assessment. CFSA hopes to learn from the implementation of the model the characteristics of families who are best served by this model of service delivery during the next twelve months.

#### How the intervention will address the various needs of the target population

Homebuilders serves as an immediate intervention for families in crisis and facing the removal of a child. Because of the intensity of the services, which includes frequent face-to-face visits in the home and community, and 24-hour availability, Homebuilders has the capacity to address immediate safety concerns and mitigate the assessed risk, allowing the child to remain in the home as the Homebuilders therapist assesses the family's immediate needs, implements a case plan, and links them with community resources to address their needs.

The families who will be referred for Homebuilders are frequently impacted by chronic conditions, such as mental illness and substance abuse, and have histories with the child welfare system either as caregivers or as children. Moreover, the families' needs often require a high level of time and attention that is greater than what can be provided by the CFSA social worker, who on average, are assigned to case manage 15 families (each with multiple children) at a time. A small caseload affords the Homebuilders therapist ample time to provide the intensive, "hands on" attention required to address immediate safety needs and stabilize the family by implementing strategies that address their short- and long-term needs. Depending on the family, this may include coaching and modeling of developmentally appropriate parenting skills, addressing household management (e.g. organization and cleanliness of the home), helping the family to identify community services specific to their needs, and transporting the family to appointments and community resources (e.g. mental health services).

Lack of basic resources, such as housing, furniture, food and clothing is a concern many families involved with In-Home services have and they struggle with how they will meet these concrete needs for their families. Chronic worry about concrete needs can impact a parent or caregiver's ability to cope with stress. Lack of concrete needs can further overshadow or even aggravate some of the family's more complex needs, as a parent or caregiver may not want to address substance abuse until their family has a place to sleep and may turn to alcohol or drugs to cope with the situation. Moreover, Homebuilders works "where the family is" in order to address both concrete and complex needs. Each family has \$500 in flex funds available to them to address challenges with housing, utilities or other concrete needs and the Homebuilders therapists further leverage knowledge of community resources to help the families access housing assistance (e.g. the Collaboratives), food pantries and other supports, so that they can move past these concerns and address the family's more complex needs.

In addition, Homebuilders is time-limited (4-6 weeks), so that the focus of service provision is to teach the family the necessary skills, and help them access the necessary resources and supports, in order to function independently of the child welfare system. The Homebuilders therapists use the time with the family to refer them to services that align with their needs, such as substance abuse or mental health treatment, parenting programming, financial literacy services and other community providers and informal supports to engage the family in the services, and to continue their involvement with these supports following the termination of Homebuilders services and subsequently closure of the family's case with CFSA.

### Short- and Long-Term Outcomes of the Intervention

Short-term outcomes include:

- Caregivers increase their understanding of child development.
- Caregivers learn developmentally appropriate parenting skills.
- Caregivers have improved coping and parenting skills.
- Caregivers demonstrate improved family functioning through:
  - Enhanced parenting practices, including methods of discipline, patterns of supervision, understanding of child development and of the emotional needs of children.
  - Increased access to basic necessities such as income, employment, adequate housing, child care, transportation, and other needed services and supports.

Long-term outcomes include:

- Decreased new entries into out-of-home care.
- Reduced re-referrals of child maltreatment.

Note: Please refer to Attachment *Outcomes Chains*

### Supporting Evidence

Homebuilders is a well-established intensive family preservation program. The California Evidence-Based Clearinghouse for Child Welfare (CEBC) rates Homebuilders to be a program supported by research evidence.<sup>45</sup> It was first established in 1974 in Washington, and since then more than 15,000 families have been served under the model. In 1988, other states began replicating the model, beginning with New Jersey and now over 40 states offer similar programming, including Alabama, Indiana, Kentucky, Louisiana, Michigan, Missouri, New York, and Pennsylvania.<sup>46</sup>

Findings from a 2004 evaluation by the Washington State Institute for Public Policy suggest that intensive family preservation programs that adhere closely to the Homebuilders model significantly reduce out-of-home placement.<sup>47</sup> Reviewers looked at evaluations of 14 family preservation programs that used rigorous experimental designs and incorporated a comparison group and identified 4 programs that had adhered to the fidelity of the model. When evaluators looked at the findings of all 14 programs, they found no significant effect on placement rates, but

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<sup>45</sup> <http://www.cebc4cw.org/program/homebuilders/detailed>

<sup>46</sup> [http://www.institutefamily.org/programs\\_IFPS.asp](http://www.institutefamily.org/programs_IFPS.asp)

<sup>47</sup> "Intensive Family Preservation Programs: Program Fidelity Influences Effectiveness", February, 2006. [www.wsipp.wa.gov](http://www.wsipp.wa.gov)



when isolating the findings of the 4 programs that adhered closely to the Homebuilders model, significant reduction in out-of-home placements were noted. The 4 programs were further noted to have experienced a reduction in subsequent reports of child abuse and neglect in comparison to the other 10 programs.

Like the District of Columbia, Michigan implemented their Homebuilders model, Michigan Families First, with the goal of preventing unnecessary placement in out-of-home care. In a 2002 study of Michigan Families First, 88% of children remained with their families 6 months after the conclusion of their involvement with the program, with the remaining 12% either living with relatives (6%) or in foster care (6%).<sup>48</sup> Twelve months after their involvement with the program, 93% of the children were living with their families and 7% were living in foster care or a treatment center.

#### Program Development and Adaptation Work

Because Homebuilders is a new evidence-based practice that will be implemented in the District under the title IV-E waiver, CFSA has sought assistance from the Institute for Family Development, Inc., the parent agency for the Homebuilders model, for consultation and guidance. CFSA will be using the existing Homebuilders model and receiving ongoing technical assistance from the Institute for Family Development, Inc. to ensure that the model is implemented to fidelity. While the Homebuilders model can be used both to support families following reunification and to prevent the removal of children at imminent risk for placement in foster care, CFSA only plans to implement services to prevent removal. This is the only adaptation that CFSA foresees to services implemented in the District. All services will be delivered consistent with the Homebuilders standards (see attachments).

### **Project Connect**

Project Connect is an evidence-based program that was developed in 1992 by Children's Friend, Inc., a private, non-profit social service agency in Rhode Island. The model works with high-risk families involved with the child welfare system who are affected by parental substance abuse, mental health issues and domestic violence. While the goal for most *Project Connect* families is maintaining children safely in their homes, when this is not possible, the program works to facilitate reunification, which is how CFSA intends to use the model in the demonstration project. Family risks may include the following: poly-substance abuse and dependence, domestic violence, child abuse and neglect, criminal involvement and behavior, physical and mental health conditions, poverty, inappropriate housing, lack of education, poor employment skills, and

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<sup>48</sup> Blythe, B. & Jayaratne, S. (2002). Michigan Families First Effectiveness Study. Retrieved April 24, 2006 [http://www.michigan.gov/dhs/0,1607,7-124-5458\\_7695\\_8366-21887--,00.html](http://www.michigan.gov/dhs/0,1607,7-124-5458_7695_8366-21887--,00.html)

impaired parenting. Most of the families served are ethnically diverse, have a low household income, and are headed by single mothers. Project Connect staff includes individuals with experience and professional licensure in the fields of child welfare, mental health and/or substance abuse. Where needed, the program implements individual training plans for the development of skills in areas where staff has less experience.

In addition to addressing safety and permanency, Project Connect is designed to support the social and emotional well-being of children involved in the child welfare system, and strengthen parent and family functioning. The program offers home-based counseling, substance abuse monitoring, nursing, and referrals for other services. The program also supports families with accessing other services as determined by the need of the clients including but not limited to home-based parent education, parenting groups, and an ongoing support group for mothers in recovery.

Families referred to Project Connect will receive intensive services for an average of 12 months, depending on the needs of the family. The intensity of services will be high following the initial referral and decrease over time as the family progresses. All services will be delivered consistent with the Project Connect standards (see attachments).

#### Components of the Intervention

Specific components of the Project Connect model include the following:

- Home and community based visits; a minimum of twice per week, 60-120 minutes per visit, home-based parent education.
- Addressing substance abuse through assessments (e.g. Substance Abuse Risk Inventory (SARI)), treatment linkage, relapse prevention and recovery groups.
- Assessing safety and well-being through a child welfare risk assessment, child development assessment (Ages and Stages Questionnaire), mental health assessment and family functional assessment (North Carolina Family Assessment Scale or NCFAS), nursing assessments and trauma screening.
- Development of a case plan with the family that includes behaviorally specific goals and strategies to achieve the goals.
- One-on-one and group education on health, parenting, healthy relationships and other topics related to the caregiver's needs, as well as child care while caregivers attend groups.
- Referrals to community services tailored to meet the family's individual needs.
- Supports engagement with community providers and community-based services.
- Facilitation of reunification (e.g., reunification checklist) to include support with visitation.
- Assistance with transportation to appointments to community resources and services.
- Court advocacy by explaining the process, attending hearings with the caregivers and providing information to the court when requested.

- Monitoring progress on service goals and providing regular updates to the assigned social worker via phone, email and written updates.

Who will receive the intervention?

Services administered under the Project Connect model will be an available resource for CFSA social workers to refer substance-affected families with the goal of reunification with at least one child who has been in foster care for 6-12 months. Children and the parents or caregivers to whom the child will be returning will be the direct recipients of the Project Connect services. Other recipients of the services may include foster or kinship caregivers who are caring for the child.

How the intervention will address the various needs of the target population

Project Connect workers can begin working with families with children in foster care prior to the child's return home to support the family in addressing concerns that may delay reunification and to help the family prepare for the transition. As noted above, the families involved with Project Connect are impacted by substance abuse and many are also affected by co-occurring challenges, such as mental health concerns and domestic violence. The Project Connect worker will work together with the family to assess their needs, develop a case plan with behaviorally specific goals to achieve reunification and identify services and resources to the family's needs that will help them achieve their goals. This may include a referral to the District of Columbia Department of Behavioral Health (or DBH provider) for a substance abuse and mental health assessment and helping the caregiver to access any recommended treatment, as well as the development of a relapse plan and connection to recovery groups in the case of substance abuse. The Project Connect worker will be trained to identify signs that the caregiver may have relapsed or is at risk for relapse. The worker will also connect the family to any other services and resources to address their needs and achieve the goals identified in the case plan. This may include referrals to community providers to address chronic needs, such as concerns related to mental health and domestic violence or basic needs, such as housing, food, clothing or furniture.

The Project Connect Social worker will also serve as a support to the family during the child's transition home and afterward to address challenges as they arise to prevent re-entry into foster care. Support includes access to the parent educator who can provide "hands on" coaching and modeling of parenting methods to address the situation "in the moment". A Project Connect worker will also be available to families 24-hours a day, 7-days a week to address crises as they occur and develop plans to increase the caregivers capacity to cope when faced with a crisis. Project Connect will further support families with identifying and developing a support network of community providers and informal supports that they can call on to prevent situations from escalating to where formal intervention is required. Moreover, addressing underlying issues of families affected by substance abuse, mental health and domestic violence can take time. Project

Connect has the capacity to remain involved with a family 12 months and longer to support the family through their recovery.

### Short- and Long-Term Outcomes of the Intervention

Short-term outcomes include:

- Expedited permanency planning process for children who must be removed from their parents/caregivers.
- Reduced risk of child abuse and neglect in families where parental substance abuse has been identified.
- Enhanced overall functioning of these families through the provision of services to address the physical safety of the home, and to monitor the child's health, development, and overall well-being.
- Prevention of subsequent births of substance exposed newborns among project participants.

Long-term outcomes include:

- Decreased re-reports of maltreatment.
- Decreased average number of months to achieve permanence.
- Increased exits to a permanent home.
- Decreased re-entries into foster care.

### Existing Evidence

Project Connect has been implemented and found to be effective in Massachusetts, New Hampshire and Rhode Island. In all three states, the child's level of functioning and parents' satisfaction with the child's progress and program was noted. The Child Welfare League of America, the California Center for Evidence Based Practice and the American Humane Association have noted Rhode Island to have demonstrated promising practice in the use of Project Connect as a method for supporting family reunification services, specifically for families with a history of domestic violence, substance abuse and mental health issues. In her article "Services for Substance Abuse-Affected Families: The Project Connect Experience," Lenore Olsen noted the extensive support given to substance abusing parents was a critical factor in the provision of services and Project Connect success could, in part, have contributed to that factor.<sup>49</sup>

In 2012, Children's Friend, Inc. released a report on a five-year evaluation of the Project Connect program in Rhode Island. Project Connect served 488 families during that period of time. Four

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<sup>49</sup> Olsen, Lenore, "Services for Substance Abuse-Affected Families: The Project Connect Experience" *Child and Adolescent Social Work Journal*, v12 n3 p183-98 June 1995.

out of five families were single parent families with an annual income of \$10,000.<sup>50</sup> The families referred to the program were found to be at-risk due to caregiver substance abuse, mental health issues, domestic violence, social isolation, and the stresses associated with a limited income. The evaluation determined that the length of stay in foster care for children whose families were involved with Project Connect was significantly lower than those whose families were not involved with the program; an average of 9.6 months in comparison to 24.5 months. Of the children who were reunified during the family's involvement with Project Connect, 4.5% re-entered care within 12 months, which is lower than the national standard of 8.6% that was established by the Children's Bureau.<sup>51</sup> In addition, the 6-month rate of recurrence of maltreatment for families involved with Project Connect was 2.1%, which was also lower than the national standard of 5.4%.

The evaluation further noted improvement with regard to child well-being and overall family functioning among families involved with Project Connect. Citing findings from the North Carolina Functional Assessment Scale (NCFAS), improvement was noted in school performance, mental health and child behavior among families who were highly involved with the program. Improvement in parent-child relationships were also noted among these families. The evaluation further illustrated that more than half of parents and caregivers who were highly involved with services made at least moderate progress toward their education and employment goals. In addition, 63% of parents or caregivers successfully completed substance abuse treatment, 66% of highly involved parents improved their mental health, and 72% showed improvements in their parenting abilities.

#### Program Development and Adaptation

CFSA has partnered with the developer of the Project Connect model, Children's Friend, Inc., for consultation and technical assistance for the development, implementation and maintenance of the model in the District of Columbia. Children's Friend, Inc. currently uses the model to maintain children at imminent risk for removal at home with their families and to expedite permanency for children in foster care. CFSA will only be offering services under the Project Connect model to expedite permanency.

### **Expansion of Prevention Programs**

As described in *Section I. Overview*, CFSA will be expanding eligibility of prevention programs that were previously unavailable to CFSA-involved families due to restrictions from the funding sources for the programs. These services were limited to children and families who may require

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<sup>50</sup> Olsen, Lenore & Holmes, William, "Children's Friend and Service Project Connect: Project Evaluation October 2007 – September 2012" (October 2012).

<sup>51</sup> U.S. Department of Health and Human Services (2008).

assistance but whose situations do not yet rise to the level of concern that warrants a report for child abuse or maltreatment. By providing a series of diverse family assistance, education and support services and interventions, CFSA has been further able to narrow the front door and divert more formal involvement with the child welfare system. As the characteristics of CFSA's population shift and the population of children and families served in their homes increases, the Agency recognizes a need to diversify resources and supports available to these families. CFSA believes that expanding existing prevention services will help fill this gap due to their success with populations that have similar characteristics and needs, but had no formal involvement with the child welfare system.

#### Who receives the intervention?

Under the title IV-E waiver, CFSA will expand eligibility to the Parent Education and Support Project, Home Visitation, and Father-Child Attachment programs to provide early intervention services to families involved with In-Home and Family Assessment services, specifically targeting families with children age 0-6 or with mothers ages 17-25. CFSA social workers will be able to refer eligible families to these services and the families will be the direct recipients of the services.

The following early intervention services will be provided under the title IV-E waiver:

#### *Parent Education and Support Project (PESP)*

Under the PESP, four community-based organizations receive grant funds to deliver programs that strengthen vulnerable families and promote positive parenting. Grant awards were made in FY 2010 and continued through the end of FY 2013. Due to the success of the providers in achieving positive outcomes with families, CFSA is in the process of entering into contractual relationships with these same four providers to provide early intervention services to families involved with Family Assessment and In-Home services under the title IV-E waiver.

Healthy Babies Project, Inc. uses the Teen Parent Empowerment Program (TPEP) to focus on teen domestic violence reduction, as well as the reduction of the incidence of child abuse and neglect.

#### Components of the Intervention

Components of the program include:

- Effective Black Parenting Program – a culturally-adapted parenting skill-building program for parents of African American children.<sup>52</sup>

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<sup>52</sup> <http://www.ciccparenting.org/EffBlackParentingDesc.aspx>

- The Nurturing Parenting Program – a family-centered initiative designed to build nurturing parenting skills as an alternative to abusive and neglecting parenting and child-rearing practices.<sup>53</sup>
- One-on-one and group education on parenting and health to young adults ages 13-21 to equip them to be responsible parents and prevent repeat pregnancies.
- Support for young adults with completion of high school or a GED program, to continue with college, careers, or other post-high school options, and move them out of the cycle of poverty.

CentroNia uses the Response to Intervention (RTI) approach to implement a three-tiered intervention to support low-income, bilingual and immigrant families.

### Components of the Intervention

Components of the program include:

- Parent education through a series of workshops based on The Incredible Years curriculum, to educate participants about acceptable, healthy and sustainable parenting models, as well as child development.<sup>54</sup>
- Fatherhood initiative to provide fathers with the space and resources to improve their parenting skills by participating in discussions that recognizes cultural issues in responsible fatherhood.
- Adult literacy education for adults whose primary language is Spanish.
- Referrals to community services based on the family's needs.

East River Family Strengthening Collaborative offers the Powerful Families United program, which focuses on effective parenting methods and enhancing parenting skills without the use of physical discipline. The program utilizes the Parent Empowerment Program (PEP Talk) to educate parents about alternative parenting methods and to boost parenting skills. Parent education is implemented through one of three curriculums - Effective Black Parenting, Common Sense Parenting or the Chicago Parent Program.<sup>55</sup>

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<sup>53</sup> <http://www.nurturingparenting.com/NPLevelsPrevent.html>

<sup>54</sup> The Incredible Years® is a series of interlocking, evidence-based programs for parents, children, and teachers, supported by over 30 years of research. The goal is to prevent and treat young children's behavior problems and promote their social, emotional, and academic competence. <http://incredibleyears.com/>

<sup>55</sup> *Common Sense Parenting*® (CSP) is a skill-based parenting program to address issues of communication, discipline, decision making, relationships, self-control and school success (<http://www.parenting.org/common-sense-parenting>). The Chicago Parent Program helps parents learn new skills for raising young children by using a combination of video and parent group discussion (<http://chicagoparentprogram.org/>).

### Components of the Intervention

In addition to parent education, components of the program include:

- Parent support groups to educate parents about alternatives parenting methods and boost parenting skills.
- Workforce readiness and job development to include soft skills development, GED preparation, job training and vocational support.
- Financial literacy that will focus on budgeting, saving, credit repair, and banking basics.
- Health and wellness activities with a curriculum focused on nutrition, fitness, exercise, health management and education (disease prevention and medication management).
- Counseling services where families will be referred to the organization's clinical therapist for individual, group and family counseling.

Columbia Heights/Shaw Family Support Collaborative provides evidence-based and community-based parent education and support services for families who may have experience with trauma, intimate partner violence, and mental health and/or substance abuse issues. The program is designed to support families who may be struggling with multiple risk factors associated with child abuse and neglect.

### Components of the Intervention

Components of the program include:

- 10 to 12 weekly classes using the evidence-based ACT Parents Raising Safe Kids and STEP/TEEN curricula.<sup>56</sup>
- Two home visits with each participant, one prior to the class beginning and one at or near the completion of the class to conduct pre- and post- evaluation, and to discuss personal goals for the class.
- Monthly parenting workshops for parents who are currently involved in or who have completed the parenting classes focused on child-welfare related topics such as domestic violence awareness, substance abuse prevention, gang prevention, and other specific topics.

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<sup>56</sup> The program focuses primarily on educating parents and other adults who raise and care for young children to create early environments that protect them from violence (<http://www.apa.org/pi/prevent-violence/programs/act.aspx>). The STEP programs are for parents working to improve relationships in their families and STEP/TEEN focuses on the parents of teenagers (<http://www.steppublishers.com/>).



- Family Group Conferences as needed.

### *Home Visiting*

In 2013, CFSA awarded multi-year grants to two community-based organizations to implement home visiting programs, Mary's Center for Maternal and Child Care and Community Family Life Services, and will work with these providers to expand home visitation services under the title IV-E waiver. Families served may have histories of trauma, intimate partner violence, and mental health or substance abuse issues. Services can begin prenatally or shortly after the birth of a baby, and are offered voluntarily, intensively and over the long-term (through the child's 5<sup>th</sup> birthday).

The goal of Mary's Center for Maternal and Child Care's Healthy Start Healthy Families program is to partner with families to ensure children are healthy, safe, and ready for school through home visitation and linkages with community services.

### Components of the Intervention

Components of the program include:

- The provision of intensive home- and community-based services using through two evidence-based home visitation models – Healthy Families America and Parents as Teachers.<sup>57</sup>
- A team of Family Support Workers in addition to a community health nurse are responsible for providing access to a range of services to address the medical, behavioral and educational needs of the individual.
- Mary's Center's model includes home-based supports through the Parents As Teachers curriculum, Ages and Stages Questionnaire and linkages to community resources.

The Community Family Life Services Nurturing Families program provides intensive long-term, home- and community-based services, working with families with histories of trauma, intimate partner violence and mental health and/or substance abuse issues.<sup>58</sup>

### Components of the Intervention

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<sup>57</sup> [http://www.healthyfamiliesamerica.org/about\\_us/index.shtml](http://www.healthyfamiliesamerica.org/about_us/index.shtml) and <http://www.parentsasteachers.org/>

<sup>58</sup> Services under the Community Family Life Services home visitation program will be expanded as part of the waiver beginning in 2015.

Components of the program include:

- Program is based on the evidence-based Nurturing Parenting Program.
- Home-based sessions and groups to teach parenting skills and appropriate child development, to include age-appropriate expectations, positive parent-child interactions, appropriate discipline techniques, and healthy relationships.
- Services are delivered by a team of case managers (Licensed Graduate Social Worker and Registered Nurse) responsible for providing access to home- and community-based services to address medical, behavioral, and educational needs.

#### *Father-Child Attachment*

This unique program was established in response to an identified need to serve fathers whose partners and children were coming to the attention of the Mary's Center Healthy Start Healthy Families program. This program serves expectant fathers or fathers shortly after the birth of their babies and can remain involved through the child's 5<sup>th</sup> birthday.

#### Components of the Intervention

Components of the program include:

- Intensive home- and community-based services drawing from the Chicago Parent Program.
- One-on-one and group parent education, as well as special events (e.g. sports activities).
- Videotaping of interactions between the father and their child as a learning tool and to promote increased awareness and understanding of the impact of parental behavior on child responses.

The program has shown improvement in the attachment between the father and child, and an increase in protective factors, as well as positive improvement in the relationships and interactions between the father (usually the non-custodial parent) and the child's mother.

#### How the Interventions will Address the Needs of the Target Population

The expansion of prevention programs under the title IV-E waiver allows CFSA to offer early intervention services to families involved with Family Assessment or In-Home services. Through a combination of In-Home and community-based services, the providers offer the families programming to learn and demonstrate enhanced parenting skills and knowledge, such as age-appropriate expectations, positive parent/child interactions, healthy disciplinary techniques, child development and other relevant areas to increase their protective factors and capacity to meet the developmental needs of their infant, child or youth. Services will also be offered to address any

concerns related to the family's access to basic necessities, such as workshops on financial literacy, job preparation and educational and vocational programs, and access to resources to address immediate needs, such as housing assistance, food pantries, transportation assistance and others.

In addition, the prevention programs offer group components, so that parents have opportunities to interact and learn from other parents facing similar situations and to develop a positive support network that can be sustained after the formal intervention ends. Many of the parents lack positive supports within their families and communities, so the group environment allows them to develop healthy relationships. The programs further help families identify and gain an awareness of services, resources and supports in their communities that they can access at times of need and before their situations rise to the level that may warrant intervention from CFSA.

### Short-and Long-Term Outcomes

Short-term outcomes include:

- Families access services individually tailored to meet their needs.
- Caregivers demonstrate increased parental capacity to safely care for their infants, children and youth.
- Caregivers demonstrate increased knowledge of appropriate childhood development and age-appropriate behaviors.
- Caregivers demonstrate improved coping and parenting skills.
- Caregivers demonstrate improved resource management skills and the capacity to meet the family's basic needs.
- Caregivers demonstrate improved interactions and relationships with their children and youth.
- Children and youth learn and model coping skills and positive strategies to manage their emotions.
- Children and youth demonstrate a reduction in challenging behaviors.

Long-term outcomes include:

- Decreased re-reports of maltreatment.
- Decreased new entries into foster care.
- Improved educational achievement.
- Improved social and emotional functioning.

Note: Improved educational achievement is an outcome that is monitored in collaboration with the CFSA Office of Well-Being.

## Supporting Evidence

### *Parent Education and Support Project*

As previously noted, the PESP providers were awarded grants to offer services from FY2010 – FY2013. The primary population served during this time had similar characteristics and needs to those of the target population for these interventions under the title IV-E waiver. They included parents of young children and young caregivers, many of whom were from one-caregiver households, had completed part, if not all of their high school education and had an income of \$10,000 or less and received some type of income assistance (e.g. Temporary Assistance for Needy Families or food stamps).<sup>59</sup>

In 2013, each PESP provider implemented the Protective Factors Survey (PFS) to assess the progress of families engaged in the programs toward achieving positive outcomes. The PFS is a pre-post evaluation tool that is a self-administered survey that measures protective factors in five areas: family functioning/resiliency, social support, concrete support, nurturing and attachment, and knowledge of parenting/child development. The CEBC recognizes the PFS as an evidence-based tool. Of the families that completed the tool, most showed improvements in family functioning, increased social supports, nurturing and attachment and relationships with their child. Moreover, each program uses evidence-based models to address the needs of the families and achieve positive outcomes. Providers first implemented the PFS in FY2013 and received technical assistance from CFSA and FRIENDS National Resource Center to effectively administer the tool. Despite this, some experienced challenges with implementation that CFSA is aware of and will continue to address through additional guidance and technical assistance to ensure effective use of the tool for the purposes of gathering data to monitor progress for the title IV-E waiver.

### *Home Visiting and Father Child Attachment*

The models utilized by the Mary's Center for Maternal and Child Care and Community Family Life Services are endorsed by CEBC as evidence-based practices. Each program has proven to be effective with mothers and fathers of young children. Annual reports from the programs indicate that families who actively participate in the programs achieve positive outcomes for their children and families, such as increased involvement by parent's in the child's education, adequate spacing of subsequent births, improved economic status through increased access to educational resources, linkages with healthcare resources and early identification of development delays in children. Providers further noted enhanced parent-child interactions and bonding among the mother and fathers involved with the programs.

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<sup>59</sup> Based on monthly and annual reports submitted by PESP providers.

In particular, Healthy Families America, one of the models used by the Mary's Center has shown to be effective in achieving the following outcomes<sup>60</sup>:

- Reduced child maltreatment.
- Increased utilization of prenatal care and decreased pre-term, low weight babies.
- Improved parent-child interaction and school readiness.
- Decreased dependency on TANF and other social services.
- Increased access to primary care medical services.
- Increased immunization rates.

In addition, independent research on the Parents as Teachers model noted the following outcomes<sup>61</sup>:

- Parents showed improvements in parent knowledge, parenting behavior and parenting attitudes.
- Parents reported learning how to interact with their child more effectively, a better understanding of child development and spending more time with their children.
- Parents had significantly fewer cases of abuse and neglect.

The home visitation program that has been implemented by Community Family Life Services is in the first year of its grant and will be submitting their annual report in January 2014. CFSA will have more supporting evidence on the effectiveness of this program prior to expanding services as part of the demonstration project, which is anticipated in 2015.

#### *Parent and Adolescent Support Services*

The Parent and Adolescent Support Services (PASS) program serves District of Columbia families of youth who are committing status offenses. Status offenses include truancy, running away, curfew violations and extreme disobedience, among other behaviors that are illegal for young people under the age of 18. Youth may be referred to PASS by city agencies, schools, service providers, and concerned family members.

Components of the program include:

- Parents/guardians and the youth must commit to participating in the case planning process and in recommended services.
- Services include youth and Family Assessments and intense case management (in-home and out-of-home) for approximately 3-6 months.

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<sup>60</sup> [http://www.healthyfamiliesamerica.org/about\\_us/index.shtml](http://www.healthyfamiliesamerica.org/about_us/index.shtml)

<sup>61</sup> Parents as Teachers: An Evidence-Based Home Visiting Model (2012)  
[http://www.parentsasteachers.org/images/stories/documents/906\\_EBHVM.pdf](http://www.parentsasteachers.org/images/stories/documents/906_EBHVM.pdf)

- Linkage to various services such as therapy, mentoring, after-school programming and parenting resources.
- Twice monthly youth groups and parent support groups.

#### Who receives the intervention?

CFSA social workers will be able to refer families of youth who have committed the above described status offenses. The referred youth and families will be the direct recipients of the services.

#### How the Interventions will Address the Needs of the Target Population

PASS assesses the needs and strengths of the youth and families to identify and help them access community resources and supports to prevent more formal involvement with the child welfare or juvenile justice systems. Through participation in therapy, mentoring, and after-school programming, the youth are able to learn and model coping skills and positive strategies to manage their emotions, as well as develop positive social relationships with their peers. Parents also participate in services through PASS, such as case management, family therapy with the youth and parent support groups. These services provide parents opportunities to address challenges in their relationships with their youths, gain access to other community services and learn from and develop relationships from peers who may be experiencing similar challenges.

#### Short- and Long-Term Outcomes

Short-term outcomes include:

- Caregivers learn age-appropriate parenting skills and expectations for their youth.
- Caregivers demonstrate improved interactions and relationships with their youth.
- Youth learn and model coping skills and positive strategies to manage their emotions.
- Youth demonstrate a reduction in challenging behaviors.
- Improved social and emotional functioning of the parents and youth.

Long-term outcomes include:

- Reduced re-reports of maltreatment.
- Reduced entries into out-of-home care.

#### Supporting Evidence

In FY2013, PASS received 91 referrals for services. At the end of the year, 9 families had successfully completed services based on the goals identified in their individual case plans and another 30 families were open for services. Success is defined as the elimination or dramatic reduction of the status offender behaviors. PASS and the family may also choose to close the case when the behaviors are trending in the right direction and the youth and family have ongoing supportive services in place which makes continued involvement with duplicative.

PASS will also follow-up with a family after case closure (at 1 and 6 months) to see if the success has been maintained and if the family could benefit from any additional support. An additional 4 families were transferred to other case management services within DHS due to a waiting list for PASS.

Families who were able to successfully close their case were offered the following services: family functional therapy (FFT), mentoring for the youth, and mental health services. FFT is a short-term intervention with an average of 12 sessions over a 3-4 month period. Services are conducted in both clinic and home settings, and can also be provided in a variety of settings including schools, child welfare facilities, probation and parole offices/aftercare systems, and mental health facilities.<sup>62</sup> FFT was implemented in the District as part of a cross-system collaboration. DBH is an approved FFT site and provides training on the model to other agencies, as well as technical assistance to FFT providers. FFT was implemented in Ohio in 2003 under a multi-agency collaborative to provide home-based mental health services in conjunction with juvenile justice planning to youth and families. The program proved effective with limited further involvement with the system, as only 0.9% of youth experienced a detention following their enrollment in the program.<sup>63</sup>

#### Program Development or Adaptation

The prevention programs that CFSA will be implementing to offer early intervention services to families involved with Family Assessment and In-Home services have already been established. CFSA intends to use the existing models for the programs and the primary adaptation is that eligibility for the above programs will be expanded to include families involved with CFSA (previously excluded from the services due to funding restrictions under the grant). Another adaptation to the program will be the level of information and data that each provider will have to gather and report for each family. Under the grant, providers reported aggregate data; however, for purposes of the title IV-E waiver, the providers will be required to provide family-specific information, including monthly progress reports for each family.

## **IV. Readiness to Implement the Demonstration**

### **Fit of Intervention**

As discussed above in *Section I. Overview*, CFSA's Four Pillars strategic framework is the foundation of the Agency's service continuum and served as a catalyst for the design of the District's title IV-E waiver demonstration project. Each pillar represents an area ripe for improvement and features a values-based foundation, set of evidence-based strategies, and series of specific outcome targets. The identified outcomes for the title IV-E waiver are intentionally

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<sup>62</sup> [http://www.fftinc.com/about\\_model.html](http://www.fftinc.com/about_model.html)

<sup>63</sup> <http://www.fftinc.com/projects.html>

aligned with those identified for the Four Pillars and the interventions implemented under the waiver serve as strategies to achieve these outcomes. In particular, the title IV-E waiver reinforces the Agency's vision of connecting families with services and supports to improve their overall well-being, to address safety concerns so that children can remain safely in their home and to expedite permanency for those who were removed, reducing the need for foster care.

The Four Pillars strategic framework highlights CFSA's commitment to achieving positive outcomes for District children and families by enhancing the current continuum of services available to families by expanding the network of evidence-based prevention programs, strengthening existing services and implementing new ones. CFSA understands that our desired outcomes cannot be achieved in a silo and partnered with sister agencies and community-based providers to create the framework. CFSA took the same approach to the development of the title IV-E waiver by seeking information and feedback from internal stakeholders, other District government agencies and community providers not only to identify interventions to implement under the demonstration project, but also to identify opportunities to collaborate in efforts to implement, build capacity and sustain the interventions long-term. This further assured alignment of the title IV-E waiver with the overall child welfare system transformation currently underway in the District of Columbia.

## **Organizational and Systems Capacity**

### **Leadership Support**

CFSA's title IV-E waiver demonstration project benefits from the complete support of both Agency and District leadership. The Agency maintained open communication with District leadership to keep them informed of the benefits of applying for the waiver and to solicit feedback on the interventions to be included in the demonstration project and the outcomes to be achieved. This included discussions with the District's Mayor and Deputy Mayor for Health and Human Services, both of whom have voiced their ongoing support for the title IV-E waiver.

CFSA leadership has also participated in monthly meetings with the District Superior Court Judges to increase their awareness of the interventions to be implemented under the title IV-E waiver and the projected impact on children and families, in particular court-involved families who will be eligible for waiver-funded services. The Family Court has further offered support for the demonstration project and enthusiasm surrounding the interventions that will be implemented, agreeing that they would be a good fit to address the challenges facing many court-involved families.

CFSA recognizes a need for ongoing communication with the Family Court to assure that the judges have a comprehensive understanding of the interventions available to families under the title IV-E waiver, in particular the eligibility requirements. At times, Family Court judges may



order services for families that they feel will benefit the family; however, due to lack of knowledge of the intervention, they are not always aware that it is not the best fit for the family. Thus, CFSA will need to be diligent with communicating the criteria and eligibility requirements for families to access waiver-funded services in an effort to prevent this confusion and to adhere to the fidelity of each of the interventions. CFSA will continue to provide updates to the judges during monthly meetings to address potential challenges and will also consider developing “tip sheets” that provide guidance on the eligibility criteria for the title IV-E waiver interventions that the judges can have available to them during hearings. This strategy has proven effective in other situations that required greater clarity.

In addition to District and Family Court leadership, CFSA has sought and received buy-in from leadership across other District and community providers, such as the Collaboratives and other child welfare service providers. This has included opportunities to partner in the development, implementation and maintenance of the title IV-E waiver. As discussed in *Section I. Overview*, CFSA is working with DHS, DBH and DOH to implement interventions and supports for the target population under the title IV-E waiver, such as PASS and the addition of the Mental Health Specialists and Infant and Maternal Health Specialists that will be co-located at the Collaboratives. CFSA is also working with DBH to discuss possible strategies to sustain the interventions following the duration of the demonstration project. Additional details on these partnerships will be provided in *Section V. Work Plan*.

### Staff Characteristics

All services that are implemented under the title IV-E waiver will be provided through contractual relationships with community providers. The providers for the prevention services that will be expanded through the waiver will enter into direct contracts with CFSA and the providers who will be responsible for providing services under the two new evidence-based practices will be sub-contracted under the Agency’s contracts with the Collaboratives. The children and families will be assigned to either a CFSA or contracted private agency social worker at the time of referral for the services and this assigned social worker will maintain primary case management responsibilities for the family, including development of all required assessments, case plans and documentation in the Agency’s State Automated Child Welfare Information System (SACWIS or FACES.NET), as well as reports submitted to the Family Court, as applicable.<sup>64</sup> CFSA and private agency social workers are required to be licensed to practice social work in the District of Columbia (and in Maryland for contracted private agency social workers) and to have a master of social work degree from a school accredited by the Council on Social Work Education. The number of staff assigned to families involved with

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<sup>64</sup> CFSA has entered into contractual relationships with community providers to license and support kinship and foster parents who reside outside of the District of Columbia. In these circumstances, the private agency social worker is assigned to case management responsibilities for the families who have a child placed within in one of their foster homes.

waiver-funded interventions will vary at any given time. Referrals to the services will depend on the identified needs, eligibility and capacity of the services, so a CFSA or private agency social worker may be assigned to multiple families involved with waiver-funded interventions or have no families involved in the interventions at a given point in time.

In addition to the social workers who will oversee the families assigned to waiver-funded services, CFSA has also added staff that is responsible for oversight of the title IV-E waiver. Responsibilities include: coordination of information for and completion of all waiver requirements; convening and supporting all implementation related workgroups; administration of early intervention contracts; technical assistance to the Collaboratives and providers offering waiver-funded services; tracking and monitoring referrals for waiver-funded services; consulting with the Children’s Bureau, Casey Family Programs and other consultants for guidance on implementation and maintenance of the waiver; facilitating planning meetings with internal stakeholders, other government agencies and community partners, and other related tasks, as appropriate. Requirements for each position are detailed in Table 3 below.

**Table 3. Staffing Requirements for Oversight of the Title IV-E Waiver**

Position/Role	Requirements
Supervisory IV-E Planning Supervisor (full-time)	<ul style="list-style-type: none"> <li>• Master’s degree in Public Policy, Social Work, or other related field.</li> <li>• At least two years experience with a child welfare agency.</li> <li>• Extensive knowledge of the title IV-E waiver.</li> </ul>
Data Analyst (part-time on the title IV-E waiver)	<ul style="list-style-type: none"> <li>• Bachelor’s Degree in social science or related field</li> <li>• At least two years experience with a child welfare agency</li> <li>• Knowledge of the needs and dynamics of children, youth and families involved with the child welfare system.</li> </ul>
Administrative Assistant (part-time on the title IV-E waiver)	<ul style="list-style-type: none"> <li>• Associates degree in psychology, counseling, social service or related behavioral health field</li> <li>• Knowledge of the needs and dynamics of children, youth and families involved with the child welfare system.</li> </ul>

CFSA has hired the Supervisory IV-E Planning Advisor and Data Analyst. The Administrative Assistant is a position that has been proposed to Agency leadership and will be hired within the first year of the waiver period.

#### *Homebuilders*

A total of four Homebuilders teams will be implemented the first year of the demonstration project through contracts with four of the five Collaboratives (Far Southeast Family Strengthening Collaborative, East River Family Strengthening Collaborative, Edgewood/Brookland Family Support Collaborative and Columbia Heights/Shaw Family

Support Collaborative).<sup>65</sup> Each team will be comprised of three to five Homebuilders therapists, a supervisor, and a program manager who will be available part-time, at minimum, for consultation and in a back-up role when the supervisor is unavailable. Requirements for each position are detailed in Table 4 below. (The position descriptions for each of the team members are included in the attachments to this report).

**Table 4. Staffing Requirements for Homebuilders**

Position/Role	Requirements
Homebuilders Therapist (3-5 per team)	<ul style="list-style-type: none"> <li>• Master of Social Work (MSW) degree from a program accredited by the Council of Social Work Education (CSWE).</li> <li>• Licensed to practice social work in DC; e.g. licensed graduate social worker (LGSW) or licensed independent clinical social worker (LICSW).</li> <li>• At least two years of previous work experience with children and families.</li> <li>• Reside within close proximity to families served.</li> </ul>
Homebuilders Supervisor (1 per team)	<ul style="list-style-type: none"> <li>• MSW degree from a program accredited by CSWE.</li> <li>• At least two years of previous work experience with children and families.</li> <li>• A current LICSW to practice social work in DC.</li> <li>• Supervisory experience preferred.</li> <li>• Reside within close proximity to families served.</li> </ul>
Homebuilders Program Manager (1 part-time manager per team)	<ul style="list-style-type: none"> <li>• At least two years supervisory/management experience.</li> <li>• At least four years of direct service practice with children and families, preferably intensive In-Home services.</li> </ul>

The providers that the Collaboratives will contract with to offer the services must demonstrate that they either currently have qualified individuals on staff or that they have developed a comprehensive plan to hire staff to meet the requirements described above. CFSA, in partnership with the Collaboratives, will assess capacity and determine if the allocation of teams is sufficient for each service area or if teams need to be added or reduced, based on need.

### *Project Connect*

Similar to Homebuilders, CFSA will implement a total of four teams through contracts with the Collaboratives.<sup>66</sup> Each team is comprised of four Project Connect workers, a registered nurse, a

<sup>65</sup> Based on need, Columbia Heights/Shaw Family Support Collaborative and Georgia Avenue Family Support Collaborative will implement one team each of Homebuilders and Project Connect that will cover both service areas.

<sup>66</sup> Based on need, Columbia Heights/Shaw Family Support Collaborative and Georgia Avenue Family Support Collaborative will implement one team each of Homebuilders and Project Connect that will cover both service areas.

parent educator and a supervisor/manager. Requirements for each position are detailed in Table 5 below. (The position descriptions for each of the team members are included in the attachments for this report).

**Table 5. Staffing Requirements for Project Connect**

Position/Role	Requirements
Project Connect Worker (4 per team)	<ul style="list-style-type: none"> <li>• MSW degree from a program accredited by the CSWE.</li> <li>• Licensed to practice social work in DC; e.g. LGSW or LICSW.</li> <li>• At least two years of previous work experience with at-risk children and families, substance abuse, and service coordination.</li> <li>• Reside within close proximity to families served.</li> </ul>
Registered Nurse (1 per team)	<ul style="list-style-type: none"> <li>• Registered nurse with current license in DC.</li> <li>• At least two years of previous work experience with infants, children, young mothers and at-risk families.</li> <li>• Reside within close proximity to families served.</li> </ul>
Parent Educator (1 per team)	<ul style="list-style-type: none"> <li>• Bachelor's degree in social work or other related field.</li> <li>• A good working knowledge of effective parenting strategies, child welfare, adoption and foster care.</li> <li>• Reside within close proximity to families served.</li> </ul>
Project Supervisor/Manager (1 per team)	<ul style="list-style-type: none"> <li>• MSW degree from a program accredited by the CSWE.</li> <li>• At least four years of direct service practice with children and families, preferably intensive In-Home services.</li> <li>• At least two years supervisory/management experience.</li> <li>• Reside within close proximity to families served.</li> </ul>

The Collaboratives will contract with providers who demonstrate immediate staffing capacity based on the model requirements and if current staffing does not meet the requirements, the providers will be required to develop a comprehensive work plan to hire the required staff. CFSA, in partnership with the Collaboratives, will assess capacity and determine if the allocation of teams is sufficient for each service area or if teams need to be added or reduced based on need.

#### *Expansion of Prevention Services*

As previously noted, CFSA will be expanding PESP, Home Visitation and Father-Child Attachment services, as well as the PASS under the title IV-E waiver to provide early intervention services for families involved with Family Assessment or In-Home services. Four

providers will be implementing PESP services, two providers will be implementing home visitation services and one provider will be implementing father-child attachment services.<sup>67</sup> These services will be implemented through direct contracts awarded and monitored by CFSA. Staffing requirements for each program are detailed in Tables 6, 7, 8, 9 and 10 below.

**Table 6. Staffing Requirements for Parent Education and Support Project Services**

Position	Requirements
Parent Education and Support Coordinator (or similar designation) (at least one per program)	<ul style="list-style-type: none"> <li>• Bachelor's degree in social work or other related field.</li> <li>• At least two year's prior work experience with infants, children and at-risk families.</li> </ul>
Supervisor/Manager (1 per program)	<ul style="list-style-type: none"> <li>• At least two years supervisory/management experience.</li> <li>• At least four years of direct service practice with children and families, preferably intensive In-Home services.</li> </ul>

**Table 7. Staffing Requirements for Home Visitation**

Position	Requirements
Family Support Worker (2-3 per team)	<ul style="list-style-type: none"> <li>• Bachelor's degree in social work or other related field.</li> <li>• At least two year's prior work experience with infants, children and at-risk families.</li> </ul>
Supervisor (1 per team)	<ul style="list-style-type: none"> <li>• At least two years supervisory/management experience.</li> <li>• MSW degree from a program accredited by the CSWE.</li> <li>• At least two year's prior work experience with infants, children and at-risk families. At least two years supervisory/management experience.</li> </ul>

**Table 8. Staffing Requirements for Father-Child Attachment**

Position	Requirements
Family Support Worker (2 per team)	<ul style="list-style-type: none"> <li>• Bachelor's degree in social work or other related field.</li> <li>• At least two year's prior work experience with infants, children and at-risk families.</li> </ul>
Supervisor (1 per team)	<ul style="list-style-type: none"> <li>• At least two years supervisory/management experience.</li> <li>• MSW degree from a program accredited by the CSWE.</li> <li>• At least two year's prior work experience with infants, children and at-risk families. At least two years supervisory/management experience.</li> </ul>

<sup>67</sup> As previously noted, home visitation services will be implemented by one provider (Mary's Center for Infant and Maternal Health) and services through the second provider (Community Family Life Services) will be added in 2015.

**Table 9. Staffing Requirements for Parent and Adolescent Support Services**

Position	Requirements
Case Manager (1 per program)	<ul style="list-style-type: none"> <li>• Bachelor's degree in social work or other related field</li> <li>• At least two year's prior work experience with children, youth and at-risk families.</li> </ul>
Supervisor (1 per program)	<ul style="list-style-type: none"> <li>• At least two years supervisory/management experience</li> <li>• MSW degree from a program accredited by the CSWE.</li> <li>• At least two year's prior work experience with infants, children and at-risk families.</li> <li>• At least two years supervisory/management experience.</li> </ul>

Because each of these programs was established prior to the development of the title IV-E waiver, most of them are at full staff and one program (Father-Child Attachment) is in the process of hiring to fill a vacancy (Family Support Worker). During the first year of the demonstration project, CFSA will work with the providers to assess capacity to determine whether they need to be increased or scaled back, based on need.

#### *Infant and Maternal Health Specialists*

As previously noted, CFSA intends to implement five Infant and Maternal Health Specialists, with one co-located at each of the five Collaboratives. These positions are additional supports available to families with young children ages 0-6. CFSA will contract these positions and partnered with DOH to develop the scope of work for the contract (see attachments). Staffing requirements for these positions are detailed in Table 10 below.

**Table 10. Staffing Requirements for the Infant and Maternal Health Specialist Position**

Position	Requirements
Infant and Maternal Health Specialist (1 per Collaborative; five total)	<ul style="list-style-type: none"> <li>• Registered nurse with current license in DC.</li> <li>• Knowledge of and ability to apply professional nursing principles, procedures, and techniques required to plan and provide care to patients and families for specific patient populations (e.g. mothers with young children ages 0-6).</li> </ul>

#### Technical and Financial Resources

CFSA has identified the technical resources (e.g. required hardware and software; access to curricula and intervention manuals and others) that are required to implement the interventions under the title IV-E waiver with fidelity. The Agency worked closely with the Institute for Family Development, Inc. and Children's Friend, Inc. to determine the resources required for the implementation of the Homebuilders and Project Connect models as detailed in Table 11 below.

**Table 11. Technical Resources Required for Homebuilders and Project Connect**

Evidence-Based Model	Technical Resources
Homebuilders	<ul style="list-style-type: none"> <li>• Online Data Management System<sup>68</sup></li> <li>• Core Training Curriculum</li> <li>• Additional Skills Based Training</li> <li>• Ongoing Consultation/Supervision and Quality Enhancement (e.g. QUEST) to assure fidelity</li> </ul>
Project Connect	<ul style="list-style-type: none"> <li>• Development of a database to track information on families receiving services</li> <li>• Core Training Curriculum</li> <li>• Specialized training for additional licensure/certifications (e.g. substance abuse, domestic violence, etc.)</li> <li>• Ongoing Consultation/Supervision to assure fidelity</li> </ul>

The prevention programs that will be expanded under the title IV-E waiver to offer early intervention programs to families involved with Family Assessment and In-Home services have already been established. The programs have access to the necessary curricula to offer the programs, as well as staff who have been training in the models and many also have resources to train new staff in the curricula, if needed.

CFSA has further identified the costs associated with the above technical resources and has included these costs in the Cost Development Plan approved by the U.S. Department of Health and Human Services Administration for Children and Families in December 2013. CFSA has also allocated funding for these resources in the Agency budget and has been approved by leadership.

#### Linkages and Support from Community Organizations

As highlighted in *Section I. Overview*, the title IV-E waiver is just one example of how CFSA has partnered with other District government agencies and community providers to reform the District's child welfare system. CFSA engaged the Collaboratives in discussions and planning efforts to seek their feedback and support regarding the implementation of the Homebuilders and Project Connect models, as well as the co-location of the Infant and Maternal Health Specialists within their communities. This included strategic planning sessions in August and December 2013, during which CFSA and the Collaboratives discussed action planning to build the capacity of the Collaboratives to become community "hubs" that can assist families with accessing a diverse range of services to address their needs and to supplement the services offered through the Homebuilders and Project Connect models. The Collaboratives engaged in asset mapping to

<sup>68</sup> The database for gathering qualitative and quantitative data on families receiving services through the Homebuilders model.

identify resources available in their communities, identify gaps in services and develop strategies for resource development to address the gaps. As noted previously, CFSA has engaged a consultant to work directly with the Collaboratives to assess their current capacity to fulfill this vision of developing into community hubs by evaluating the skills, knowledge and workload of their available staff and providing guidance for additional development. This consultant was available at the December 2013 strategic planning session to begin this work with the Collaboratives.

CFSA is also working with the Collaboratives to modify their contracts for fiscal year (FY) 2014 to include all requirements and funding to implement the two models to fidelity. The modifications will include language on each of the required resources described above, as well as expectations on how to monitor the providers offering services under the models to assure the effectiveness of service provision and quality outcomes. In addition, CFSA has begun and will continue to provide technical assistance to the Collaboratives regarding strategies to ensure effective tracking and monitoring of services provided to families as outlined in the contract. Technical assistance has included guidance on defining services in relation to title IV-E language and expectations in an effort to prepare the Collaboratives for what will be expected of them with regard to tracking of information and data for families served through Homebuilders and Project Connect. These discussions and guidance will continue through subsequent strategic planning sessions, as well as the development of the FY2015 contract with the Collaboratives.

CFSA is also in the process of entering into contractual relationships with the prevention providers who will be offering early intervention services to families involved with Family Assessment and In-Home services under the title IV-E waiver. As previously noted, the providers were awarded grants to provide these services to at-risk families with no prior or current involvement with CFSA. Thus, CFSA had to engage the providers in discussions regarding the possibility of expansion, potential challenges with working with families involved with the child welfare system and the providers' capacity to meet this additional need. Moreover, the providers were grateful for the opportunity to expand their partnerships with CFSA and serve children and families that they previously could not due to funding restrictions outlined in the grant.

While the programming offered by each prevention provider was well-established, the expectations of the grant, with regard to tracking and monitoring of data is not as extensive as needed to ensure progress toward the desired goals and outcomes of the title IV- E waiver. For example, the providers submitted either motherly or quarterly reports to CFSA that included aggregate data (as opposed to client-specific information that will be required to monitor progress toward the outcomes for the title IV-E waiver). CFSA has provided technical assistance to the providers in the development of client-specific information to track referrals for services, as well as ongoing progress for each family. This will be an area that will require further



development with the evaluator for the demonstration project, whose contract was finalized in December 2013.

As discussed earlier, CFSA maintains quality relationships with other DC government agencies specifically DBH, DOH and DHS, who have offered support in the development, implementation and maintenance of the title IV-E waiver. As previously mentioned, CFSA and DBH worked closely to develop and implement four Mental Health Specialists who will be located at the Collaboratives and who will be able to conduct mental health and substance abuse assessments within the community, as well as connect families with recommended treatment based on the assessment. CFSA and DBH have also begun discussions regarding how the System of Care (SOC) efforts can support the implementation and maintenance of waiver-funded interventions and activities. As previously noted, CFSA has partnered with DOH to develop and implement Infant and Maternal Health Specialists to be located at each of the five Collaboratives and with DHS to include the PASS as one of the waiver-funded interventions.

#### Implementation Supports

In support of the implementation of the title IV-E waiver, CFSA has identified various infrastructure enhancements, policy changes, and procedural revisions that will need to be made to make the process effective. The Agency has already begun planning with regard to necessary enhancements to FACES.NET. Planning has centered on strategies to make the system available to community providers, such as the Collaboratives who have a critical role in waiver-funded services. Access to the FACES.NET system would not be limited to reading relevant information on families, but would also include options to enter information that could then be accessed by the CFSA or private agency social worker assigned to the case. This would strengthen data sharing and make it easier to track progress in relation to outcomes for the demonstration project. CFSA is also considering options for expanding access to FACES.NET to other community providers, such as those offering early intervention services under the title IV-E waiver.

Another enhancement that CFSA is making to FACES.NET will strengthen the referral process for families eligible for services under the title IV-E waiver. In 2013, CFSA implemented a process called RED (or Review, Evaluate, and Direct) Team. The RED Team is a consistent, system-wide assessment process conducted in a collaborative setting that includes 6-8 participants from different program areas within CFSA, a representative from the Collaboratives and at times, the family. CFSA's intent is to implement the RED Team process at various decision points throughout the case process and it serves as an opportunity to effectively engage families in the case planning process and to identify services to address the family's individual needs (additional details on the RED Team process are provided on *Section V. Work Plan*). CFSA is implementing a framework within FACES.NET to document the information gathered at each RED Team and to automate the referral process. This will begin with referrals to the

Collaboratives in an effort to improve the tracking of referrals and follow through of services, as well as the information provided to the Collaboratives regarding the needs of the families.

In addition, CFSA and the Collaboratives have partnered to develop a common tool to assess family functioning. As previously noted, CFSA uses the Structured Decision Making (SDM) System to guide case practice decisions. The Collaboratives currently uses a different tool called the Family Assessment Form (FAF). In consultation with the Children's Research Center (CRC), CFSA and the Collaboratives are developing a tool that they can both use to assess the family's functioning and progress over time. It is anticipated that this tool will be implemented in early 2014 and added to FACES.NET so that the data can be aggregated and used for the purposes of the title IV-E waiver evaluation.

CFSA has also considered changes and revisions that will need to be made to current Agency policy and procedural operational manuals (POM), a resource that provides guidance to direct service staff on procedures that impact their daily practice. As noted earlier, CFSA is currently in negotiation with the CRC to expand its technical assistance services to include revision of the existing POM so as to include recent practice changes (e.g. RED Teams and SDM assessment tools, such as Hotline Risk, Safety Plan, and Caregiver Strengths and Needs Assessment). In particular, CFSA will need to develop business processes that detail the target population for each service, how a social worker can make a referral for waiver-funded services, as well as expectations and procedures for teaming, ongoing communication and data sharing with providers of the services. Guidance will also need to be developed on the process for tracking required information on families involved in waiver-funded services to include what information needs to be tracked, the process for tracking information and expectations regarding the reporting of tracked information. At this time, CFSA does not anticipate the need for any changes in District legislation to implement the title IV-E waiver.

## **V. Work Plan**

### **Developmental Activities**

CFSA's work plan (see Appendix Two) details the developmental activities to be completed to assure effective implementation of the District's title IV-E waiver demonstration project. The work plan includes a description of key tasks to be completed, responsible parties, timeframes for completing activities, and benchmarks of progress. The work plan is a 'living document' and throughout the demonstration period, CFSA will make adjustments as needed based on accomplishments and challenges with implementation. The information below supplements the attached work plan.

### Cost Estimates for Interventions and Activities

Table 12 below provides information on the cost estimates for those interventions and activities that CFSA outlined in the approved Cost Development Plan<sup>69</sup> These include anticipated costs incurred prior to implementation of the title IV-E waiver through April 2014.

**Table 12. Cost Estimates for the Development of Title IV-E Waiver Interventions and Activities**

Automated Systems	Agency Administration	Training & Orientation	Evaluation	Total
\$130,000	\$195,000	\$275,000	\$84,000	\$684,000

### Allocation of Title IV-E Dollars and Savings Projections

CFSA anticipates a reduction of both federal and local expenditures on maintenance costs. The interventions that will be expanded and implemented as part of the demonstration project are expected to both reduce the number of children who come into care and the length of time they stay in care. In addition, CFSA intends to shift social worker and other resources currently assigned to target the out-of-home population to focus on in-home and prevention. While total expenditures are expected to remain constant, Random Moment Time Study sample results are expected to allocate few dollars to title IV-E foster care and more dollars to title IV-B and local services.

CFSA intends to direct charge intervention and staff costs under the title IV-E waiver without allocation. The methodology for allocating title IV-E administration costs will not change; however, the allocation is expected to change for the reason discussed above.

### Contracts and Agreements with Partnering Agencies

While CFSA, specifically, the Office of Community Partnerships, will be the lead agency responsible for oversight and monitoring of the demonstration project, collaboration with community providers and public agencies is critical to the success of the waiver. CFSA's partnership with the Healthy Families/Thriving Communities Collaboratives has been integral to the development of the District's title IV-E waiver demonstration project. The Collaboratives will continue to be a key partner to assure effective implementation and maintenance of waiver-funded interventions. As previously noted, the Collaboratives were closely involved with the development of the title IV-E waiver by offering suggestions and feedback regarding possible interventions; providing information on gaps in services and resources in their communities; and proposing recommendations on how to make the waiver-funded interventions accessible and effective for families. Their feedback influenced both the interventions chosen for the title IV-E waiver and the decision to contract with the Collaboratives to implement the two new evidence-based practices, Homebuilders and Project Connect, within the communities they serve.

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<sup>69</sup> The Children's Bureau gave formal approval for the Cost Development Plan on December 3, 2013.

CFSA is in the process of modifying the contracts with each of the Collaboratives that will provide funding and align with the waiver requirements, including expectations that the Collaboratives will carry-out the following:

- Enter into contractual relationships with the Institute for Family Development, Inc. and Children's Friend, Inc., the parent agencies for Homebuilders and Project Connect respectively, for technical assistance and guidance on the implementation and maintenance of the two models.
- Identify and engage potential providers located within their communities to deliver services using the Homebuilders and Project Connect models.
- Develop solicitations for potential providers, review applications and identify the most qualified candidates with support from CFSA.
- Enter into contractual relationships with the selected providers.
- Monitor selected providers to ensure that the models are being implemented to fidelity and with quality.
- Participate in meetings with the title IV-E Waiver evaluators and adhere to all data collection and reporting requirements of the evaluation plan.
- Adhere to all timeframes established by the Children's Bureau and CFSA for implementation of the title IV-E waiver and all required deliverables.

Under the title IV-E waiver, CFSA will also enter into contractual relationships with five community-based providers who will be offering early intervention services to families involved with Family Assessment and In-Home services.<sup>70</sup> Two of the five providers are Collaboratives.

These providers include:

- Mary's Center for Maternal and Child Care (Home Visitation and Father-Child Attachment)
- CentroNia (Parent Education and Support Project)
- Healthy Babies Project, Inc. (Parent Education and Support Project)
- East River Family Strengthening Collaborative (Parent Education and Support Project)
- Columbia Heights/Shaw Family Support Collaborative (Parent Education and Support Project)

As of the writing of this report, CFSA has finalized contracts with Mary's Center for Maternal and Child Care and is in the process of finalizing contracts with the remaining providers. CFSA selected these particular providers to offer early interventions under the title IV-E waiver

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<sup>70</sup> There will be five community providers in the first year of the demonstration project and CFSA will look at adding home visiting services provided by Community Family Life Services in 2015, which would put the total to six providers.

because they have established programs and as illustrated in *Section III. Defined Demonstration Interventions and Associated Components*, the programs have proven to be effective in achieving outcomes with populations similar to the target populations.

CFSA has also entered into memorandums of understanding (MOU) with other government agencies to offer waiver-funded interventions and supportive services. One such MOU is with the DC Department of Human Services (DHS) to offer early intervention services, specifically PASS to families involved with CFSA under the title IV-E waiver (see attachments). Another MOU is with DC Department of Behavioral Health (DBH) to hire Mental Health Specialists that will be co-located at four of the Collaboratives. It anticipated that the MOU with DBH will be finalized in early 2014. CFSA will provide funding for PASS and for the first year of the Mental Health Specialists, and DBH will fund the Mental Health Specialists thereafter. The Agency has also partnered with DC Department of Health (DOH) to develop a scope of work for Infant and Maternal Health Specialists who will be co-located at each of the Collaboratives. The Infant and Maternal Health Specialists will be hired through Magnificus Corporation, an organization with which CFSA already has a contractual relationship. CFSA will provide the funding for the Infant and Maternal Health Specialists.

In addition to those described above, CFSA has also entered into contractual relationships with an independent consultant, the Children's Research Center and Chapin Hall to provide consultation and technical assistance with developmental activities for the title IV-E waiver demonstration project. Additional information on the scope of these relationships is provided in *Section VI. Training and Technical Assistance Assessment*. Details related to CFSA's selection of an independent evaluator as required by the title IV-E waiver is included below (see *Evaluation Summary* on page 72).

#### Hiring and Training Staff

Upon selection of the providers who will be offering services under the Project Connect and Homebuilders models, CFSA and the Collaboratives will work with the providers to hire qualified staff based on the establish standards for each model. This process will be conducted in consultation with the Institute for Family Development, Inc. and Children's Friend, Inc. If the provider indicates they already have individuals on staff that meet the staffing requirements for each model, CFSA and the Collaboratives will still go through an interview and role play process to ensure the staff are the right fit to deliver services with quality and fidelity to the model. CFSA and the Collaboratives will use the Homebuilders hiring standards (see attachments) to hire or confirm qualifications of staff and will consider adopting similar strategies when conducting the hiring process or confirming qualifications of staff for Project Connect.

Initially, the Homebuilders and Project Connect models will each be implemented in one ward prior to implementation in the remaining wards served by the Collaboratives in the District. In

Phase 1 of implementation, Project Connect will be implemented in Ward 8, which is served by the Far Southeast Family Strengthening Collaborative (FSFSC). As previously noted, Ward 8 is also where the largest number of out-of-home and in-home cases originate. Homebuilders will be implemented in Ward 7, which is served by the East River Family Strengthening Collaborative (ERFSC). Ward 7 houses the second largest number of In-Home cases behind Ward 8. Based on the attached Action Plan, CFSA anticipates that the provider and staff for Phase 1 will be hired (or have their qualifications confirmed) and training for staff will begin shortly thereafter—between April 1-15, 2014 for Project Connect and Homebuilders. The expected start date for service delivery is April 2014 for Project Connect and Homebuilders. Designated CFSA and Collaborative staff will also participate in these trainings to gain a comprehensive understanding of the models.

Phase 2 of implementation will include the expansion of the two models in the remaining Collaboratives. Three of the five Collaboratives (FSFSC, ERFSC and Edgewood/Brookland Family Support Collaborative) will be responsible for entering into contractual relationships with providers to deliver services under both Homebuilders and Project Connect. Two Collaboratives (Georgia Avenue Family Support Collaborative and Columbia Heights/Shaw Family Support Collaborative) will each offer only one of the models to cover both of their service areas. This decision was based on the number of families currently served by each Collaborative.

Through Phase 2 of implementation, it is anticipated that staff will be hired or have their qualifications confirmed by June 2, 2014. The anticipated date to train staff is the week of June 9, 2014 for Project Connect and the week of June 16, 2014 for Homebuilders, with anticipated start dates for service delivery on June 16, 2014 (Project Connect) and June 23, 2014 (Homebuilders).

Given that early intervention services selected for the title IV-E waiver were already established, the staff that will be administering services have already been hired and trained to deliver the various components of the program. Through ongoing tracking and monitoring of referrals to the programs and assessment of capacity to meet the need, CFSA will work with the providers to determine whether additional staff is needed. Moreover, each program has individuals on staff who are able to administer training to new hires, so this will occur as needed.

In addition to training the staff who will be delivering services, CFSA understands that internal staff will need to be trained on the services available to families through the title IV-E waiver. Information will be disseminated through Agency all-staff meetings and site visits to contracted private agency providers, as well as through specific strategies to reiterate information on eligibility criterion for the services, referral protocols and expectations of staff assigned to families involved with waiver-funded services. These training strategies will be developed and

administered prior to implementation of services, specifically by March 31, 2014 and May 31, 2014 based on service area.

#### Supervision and Coaching Plans

CFSA has established supervision protocols to assist supervisors with providing quality guidance to staff related to best practices and requirements that result in positive outcomes for children and families. Additional information related to expectations for social workers and supervisors assigned to families involved with waiver-funder interventions will be included in relevant Agency policies and the procedural operational manuals (POM) for each of the administrations (e.g. CPS, Family Assessment, In-Home and Out-of-Home).

In addition, supervision and coaching protocols will be established for providers delivering services under the Homebuilders and Project Connect models. Initially supervision and coaching will be administered by consultants from the Institute for Family Development, Inc. and Children's Friend, Inc. Through modeling, the consultants will work with the providers to develop plans adapted to their specific needs. Further detail related to coaching plans for the interventions implemented under the title IV-E waiver is provided below under *Quality Assurance*.

#### Installation or Modification of Data Systems

The Director of CFSA has committed to a two million dollar investment in technology infrastructure over the next two years. Currently CFSA is in the process of modifying FACES.NET to support the multiple initiatives already underway as part of the District's child welfare continued transformation. Modifications include provisions to document information from the RED Team process, revisions related to the Trauma grant and the addition of the revised SDM family functional assessment upon finalization of the tool. CFSA has also had discussions with the evaluators for the title IV-E waiver to determine whether additional modifications will be required to gather and analyze data for the evaluation. These discussions will continue with the development of the District's evaluation plan. However, CFSA has developed data collection processes that are not reliant upon the modification of FACES.NET and will modify the respective databases to address the needs of the evaluation process. However, FACES.NET staff has been consulted and will continue to be consulted during the implementation of the waiver to ensure that the ancillary data bases can be easily uploaded in FACES.NET at some date in the immediate future. The FACES.NET team has been aggressive in addressing the needs of the trauma grant including the submission of an APD waiver to the federal SACWIS team. We expect no less aggressive and timely strategies for the waiver.

In addition, each of the providers of the waiver-funded interventions utilizes different databases to track information for their respective programs. The Collaboratives currently use a system called Efforts to Outcomes (ETO). CFSA has spoken with them regarding the potential need to modify their system to align with data collection efforts under the waiver and the Collaboratives are in agreement with the request. CFSA IV-E Waiver Cost Development plan provides an estimate for the cost of upgrading the ETO databases.

CFSA has further identified a need for the installation and development of new data systems. CFSA, the Collaboratives and the providers of Homebuilders services will need to install an online data management (ODM) system at their respective sites to enter and monitor data on families involved with program. Access to this system will prove beneficial to CFSA and the Collaboratives in terms of monitoring referrals and follow through with families, as well as generating reports for additional analysis of the services. Databases will need to be developed to track and monitor information on families served by Project Connect and early intervention services. CFSA and the Collaboratives will seek guidance from Children's Friend in the development of the system for Project Connect and the Data Analyst in the title IV-E waiver unit (within the Office of Community Partnerships) is in the process of developing a database to track information on families accessing early intervention services. The development of the databases will also be done in consultation with the evaluators.

#### Initiation of Service Delivery

CFSA is in the process of developing referral protocols that will provide staff with details related to the criteria for families to access each of the waiver-funded interventions, the process for determining whether a family meets the eligibility criteria, the process for referring a family for these interventions and expectations for internal and contracted-private agency staff when case managing a family involved with waiver-funded interventions (e.g. communication with service providers, transition planning as case closure approaches, documentation, etc.). CFSA and the Collaboratives have worked on developing the protocols for Homebuilders and Project Connect in consultation with the Institute for Family Development, Inc. and Children's Friend, Inc. The following information details plans that have been established thus far and strategies to address areas that require additional development.

CFSA initially implemented RED Teams at the Hotline level to discuss screening decisions of families referred to CFSA for allegations of abuse or neglect. RED Teams are conducted in a team setting of 6-8 participants that may include individuals from child protective services (CPS), In-Home services, mental health and kinship representatives, and the Healthy Families/Thriving Communities Collaboratives. The process has since expanded and staff in other administrations, such as Family Assessment, In-Home, and Out-of-Home have been trained to conduct the process at other critical points during the case, such as the removal of a child from



the home, the transfer from CPS to In-Home services and other important decisions. The composition and location of the team depends on the decision to be addressed. For example, the screening RED Team consists solely of staff from CFSA and community partners and is conducted at CFSA, whereas the transfer RED Team includes the family and when possible, is conducted at the family's home.

The format of the RED Team process is also an opportunity to discuss next steps and strategies to address the family's needs. It presents a venue to determine whether the family fits the criteria for any of the waiver-funded interventions and if so, to refer the family to the identified intervention. CFSA is in the process of exploring methods to automate the referral process so that referrals can be sent electronically to certain providers. This is being considered as part of the overall enhancements to CFSA's FACES.NET. Moreover, CFSA anticipates that most selections and referrals for waiver-funded interventions will come from the RED Team process. CFSA and contracted-private agency social workers may also make referrals at other times during their involvement with the families based on assessment of need, as determined through findings of the SDM risk assessment or the caregiver assessment this is in the process of being revised. If not done during the RED Team process, selection of families and decisions to refer for services shall be done in consultation with a supervisor.

#### *Homebuilders*

The eligibility criterion for Homebuilders includes the following:

- At least one child is at imminent risk of out-of-home placement, or in placement and cannot be reunified without intensive In-Home services. This will be determined based on findings from the SDM safety and risk assessment tools. Families determined to be at imminent risk of removal and at an intensive risk level will be referred automatically. CFSA is in the process of identifying which characteristics of families deemed at a high risk level should make them eligible for Homebuilders. The *Guidelines for Homebuilders Referrals* (see attachments) provided by the Institute for Family Development, Inc. will inform this process.
- The child could remain in the home and not be at risk of imminent harm if intensive In-Home services were provided.
- At least one parent is willing to meet with the Homebuilders therapist.
- The family is available to participate in an intensive, four to six week intervention.
- Less intensive services would not sufficiently reduce the risk of placement or facilitate reunification, are unavailable, or have been exhausted.

Social Workers from CFSA's CPS and In-Home Services Administrations will make referrals to the Homebuilders program. The contracted agency will routinely inform supervisors and social workers within those administrations about openings for new clients.

The following is the process for referring families to Homebuilders:

1. The CFSA social worker will complete a referral form that provides basic information on the family and the reason(s) for the referral. Prior to making a referral, the social worker will meet with the family, explain the Homebuilders program and obtain their agreement to allow a Homebuilders therapist to meet with them in their home.
2. The CFSA social worker will secure her or his supervisor's approval before making the referral.
3. The CFSA social worker or supervisor will contact the Homebuilders program supervisor by phone and provide information on the family. (Note: Homebuilders staff will be available to take referrals 24 hours a day 7 days a week).
4. The Homebuilders supervisor will complete a "comprehensive" intake form using information obtained from the referring worker and supportive documents, if any are available (CFSA plans to use the intake form currently used by Homebuilders (see attachments).
5. The Homebuilders supervisor will assign the family to a therapist, usually one who has an opening in their caseload.
6. The Homebuilders therapist will contact the family via phone within 24 hours after receiving the referral, to set-up a meeting.
7. The Homebuilders therapist will meet with the family in their home to obtain additional information and determine if the family meets program eligibility criteria.
8. The Homebuilders therapist will give their supervisor a preliminary assessment of the case. The two will decide if the family meets program eligibility requirements. If there is a question about the family's eligibility or suitability for the program, the Program Supervisor will contact the Homebuilders Consultant for assistance (the Consultant is available to staff 24/7 for support).
9. The Homebuilders therapist will contact the Social Worker with the decision regarding the family's acceptance into the program within 72 hours after receiving the referral.
10. The designated Homebuilders staff person will enter information about the referral and the outcome, into the online data management (ODM) system.

### *Project Connect*

Social workers from CFSA's Out-of-Home Administration and Office of Youth Empowerment will make referrals to the Project Connect program. Referrals will also come from contracted-private agency social workers who are assigned to families who meet the criteria for services. As previously noted, the Project Connect model targets substance-affected families involved with the child welfare system. CFSA has chosen to focus services on substance-affected families with children in out-of-home care, in particular those that have been in care 6-12 months with the goal of reunification. Project Connect uses a broad definition of substance-affected to include families

who may not use controlled substances but have a prior history and those families who have co-occurring mental health and domestic violence issues that must be addressed. CFSA may decide to alter the criteria after receiving data from the first 6-9 months of the implementation of the service and once the demonstration project becomes more established. For example, the Agency may choose to start with substance-abuse families whose children have been in care 12 months with the goal of reunification in an effort to reduce length of stay and later determine that it is more effective to refer families shortly after removal or a hybrid of the two options. Furthermore, CFSA and the Collaboratives are in the process of finalizing eligibility criterion with support from Children's Friend, Inc. and anticipated having this process completed in February 2014.

With regard to the referral process, aspects of the process are similar to that of Homebuilders. The referral process includes the following steps:

1. The CFSA or contracted-private agency social worker will complete a referral form that provides basic information on the family and the reason(s) for the referral. Prior to making a referral, the social worker will meet with the family, explain the Project Connect program and obtain their agreement to allow a Project Connect worker to meet with them in their home.
2. The CFSA or contracted-private agency social worker will secure her or his supervisor's approval before making the referral.
3. The CFSA or contracted-private agency social worker or supervisor will contact the Project Connect supervisor by phone and provide information on the family.
4. The Project Connect supervisor will ask for information on the family using the priority list (see attachments) to gain information regarding the family's current level of need and also fill out a referral form (CFSA plans to use the intake form currently used by Project Connect (see attachments).
5. The Project Connect supervisor or manager will confirm whether the family is eligible for services and if they are, assign the family to a worker.
6. The assigned Project Connect worker calls the CFSA or contracted-private agency social worker to schedule the first initial home visit. (The CFSA or contracted-private agency social worker must be present at the first meeting with the family).
7. The Project Connect worker meets with family and the CFSA or contracted-private agency social worker, and reviews the description of the program, expectations of all parties and signs the consent form, releases and client rights.
8. A copy of the program brochure and Project Connect worker's contact information is left with the family.
9. The Project Connect worker schedules the next home visit with family.

It should be noted that CFSA and the Collaboratives are also in the process of developing strategies to address the "feedback loop" to ensure effective tracking and monitoring of referrals

of families for services under the Homebuilders and Project Connect models. Both parties recognize that this is a critical step to confirm that the providers follow through with families referred for services or are able to provide justification as to why the family was ineligible. It is further necessary to gather accurate data for the purposes of the evaluation. In addition to the Institute for Family Development, Inc. and Children's Friend, Inc., CFSA and the Collaboratives will also seek guidance from the evaluators to develop an effective process to close the feedback loop.

*Early Intervention Services (Expanded Prevention Services)*

With approval from the Children's Bureau, CFSA has begun referrals for some early intervention services included in the title IV-E waiver using local funding sources. Contracts have been finalized with the Mary's Center for home visitation and father-child attachment services. In addition, the MOU with DHS has been finalized for PASS. CFSA is in the process of finalizing the remaining contracts for the PESP providers and anticipates that referrals for these services will begin in January 2014.

Referrals for all early intervention services will go through the CFSA's title IV-E waiver unit (Office of Community Partnerships). Social workers from the Family Assessment or In-Home Administrations may refer families who meet the eligibility criteria.

The following is the process for referring families to early intervention services:

1. The CFSA social worker will complete a referral form that provides basic information on the family and the reason(s) for the referral. (CFSA is currently using the Mary's Center's form for referrals for home visitation and father-child attachment (see attachments. CFSA is in the process of creating a referral forms for PESP and PASS).
2. Prior to making a referral, the social worker will meet with the family, explain the early intervention service to them and solicit their willingness to participate in the specific program.
3. The CFSA social worker will secure her or his supervisor's approval before making the referral.
4. The CFSA social worker or supervisor will email or fax the referral form to the Data Analyst (or designee) in the title IV-E waiver unit, who will review the referral for missing information and to confirm the family meets the eligibility criteria.
5. If the family is deemed eligible, the Data Analyst (or designee) will forward the referral to the identified provider via email within 48 business hours and copy the CFSA social worker and supervisor.

6. The early intervention provider will assign the family to the program or a family support worker (based on the service), who will attempt to engage the family in services within 5 business days of receipt of the referral.
7. The early intervention provider will reach out to the CFSA social worker to schedule a joint home visit with the family (for home visitation and father-child attachment) if experiencing challenges with engaging the family.

Eligibility criteria for each of the early intervention services includes the following:

- Home Visitation (Mary's Center)
  - Expectant mothers or new mothers with an infant less than 3 months old (Healthy Families America) or less than 11 months old (Parents as Teachers)
- Father Child-Attachment (Mary's Center)
  - Expectant fathers or new fathers with an infant less than 3 months old
- PESP (CentroNia)
  - Any District family in need of parenting support (specializing in support to Spanish-speaking families)
- PESP (Healthy Babies Project, Inc.)
  - Expectant or new mothers and fathers, in particular young parents ages 12-21 who are low income and live in Wards 5, 6, 7, and 8
- PESP (East River Family Strengthening Collaborative)
  - Families who live in Ward 7 who are in need of parenting support
- PESP (Columbia Heights/Shaw Family Support Collaborative)
  - Families who live in Wards 1 and 2, and Spanish-speaking families across the District, in need of parenting support
- PASS (MOU with DHS)
  - Families of District youth ages 10-17 who are committing status offenses (e.g., truancy, running away, curfew violations and extreme disobedience, among other behaviors that are illegal for young people under the age of 18)

Because two of the Collaboratives are also early intervention providers, CFSA social workers who are co-located at those sites may make referrals directly to the Collaborative due to ease rather than sending them to the Data Analyst in the Title IV-E Waiver unit. CFSA and the Collaboratives are discussing possible strategies to track such instances to ensure that the Data Analyst receives information on all families referred for early intervention services for tracking and monitoring purposes.

Upon finalization of the referral processes, CFSA's policy unit will develop and issue a formal business process to notify CFSA and contracted-private agency staff of the standardized process.

The final document will be forwarded to the Children's Bureau in the next quarterly report. In addition, CFSA will consider including any relevant information in the POMs for CPS, Family Assessment, In-Home and Out-of-Home Administrations.

## **Collaborative Governance and Structure**

### Standards of Quality, Safety and Practice Requirements

CFSA informs all contracted providers of direct services of the availability of the Agency's online mandated reporter training to learn of their responsibilities as a mandated reporter and the process of how to make a report to CFSA's Hotline.<sup>71</sup> The Agency further requires that any staff delivering waiver-funded services must undergo background checks by getting clearance from CFSA's child protection register (CPR) and the Federal Bureau of Investigations. The Agency can assist providers with expediting the CPR clearance process, but is unable to assist with the FBI process which can take an extended period of time to complete. CFSA also requires all providers to maintain compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Related to the title IV-E waiver, contracted providers will be required by CFSA (and the Collaboratives) to comply with all evaluation activities, to include meetings with the evaluators, data collection and reporting methods and other requirements. Providers of the Homebuilders and Project Connect models are also required to adhere to the identified standards for each model (see attachments).

### Implementation Teams

CFSA has established the following implementation teams for the title IV-E waiver demonstration project:

<b>Homebuilders Implementation Team</b>
Purpose: To ensure effective implementation and maintenance of services under the Homebuilders model.
Functions of the Team: <ul style="list-style-type: none"><li>• Define eligibility criteria for families to access Homebuilders services.</li><li>• Identify strategies to ensure effective implementation and maintenance of Homebuilders services.</li><li>• Develop referral protocol for Homebuilders services.</li><li>• Monitor progress and identify challenges to implementation, as well as strategies to address them.</li></ul>
Members: <ul style="list-style-type: none"><li>• Debra Porchia-Usher, Deputy Director of Community Partnerships</li></ul>

<sup>71</sup> The training can be accessed at <http://dc.mandatedreporter.org/pages/Welcome.action>

- Trista Davis, Administrator, Child Protective Services
- James Campbell, Administrator, In-Home Services
- Kelly Friedman, Program Manager, Out-of-Home Services
- Lia Walker, Program Manager, Out-of-Home Services
- Mae Best, Executive Director, East River Family Strengthening Collaborative
- Rita Stewart-Smith, Director of Family Services, East River Family Strengthening Collaborative
- Shelley Leavitt, Associate Director, Institute of Family Development, Inc.
- Julie Fliss, Supervisory IV-E Planning Advisor
- Tyanna Williams, Data Analyst

### **Project Connect Implementation Team**

Purpose: To ensure effective implementation and maintenance of services under the Project Connect Model.

Functions of the Team:

- Define eligibility criteria for families to access Project Connect services.
- Identify strategies to ensure effective implementation and maintenance of Project Connect services.
- Develop referral protocol for Project Connect services.
- Monitor progress and identify challenges to implementation, as well as strategies to address them.

Members:

- Sandra Gasca-Gonzalez, Deputy Director of Program Operations
- Wanda Tolliver, Administrator, Out-of-Home Services
- Vanessa Williams-Campbell, Program Manager, Out-of-Home Services
- Michelle Frazier, Program Manager, Out-of-Home Services
- Sarah Thankachan, Administrator, Office of Youth Empowerment
- Laura Heaven, Program Manager, Performance Improvement
- Perry Moon, Executive Director, Far Southeast Family Strengthening Collaborative
- Jeremiah Hawkins, Director of Family Services, Far Southeast Family Strengthening Collaborative
- Tina Laprade, Director of Family Preservation, Children's Friend, Inc.
- Julie Fliss, Supervisory IV-E Planning Advisor
- Tyanna Williams, Data Analyst

### **Early Intervention Services Implementation Team**

Purpose: To ensure effective implementation and maintenance of services under the early intervention services.

Functions of the Team:

- Define eligibility criteria for families to access early intervention services.
- Identify strategies to ensure effective implementation and maintenance of early

<p>intervention services.</p> <ul style="list-style-type: none"> <li>• Develop referral protocol for early intervention services.</li> <li>• Monitor progress and identify challenges to implementation, as well as strategies to address them.</li> </ul>
<p>Members:</p> <ul style="list-style-type: none"> <li>• Debra Porchia-Usher, Deputy Director of Community Partnerships</li> <li>• Nicole Gilbert, Administrator, Family Assessment</li> <li>• Jasmine Hayes, Administrator, Planning, Policy and Program Support</li> <li>• James Campbell, Administrator, In-Home Services</li> <li>• Kelly Friedman, Program Manager, Out-of-Home Services</li> <li>• Lia Walker, Program Manager, Out-of-Home Services</li> <li>• Fernanda Ruiz, Family Assessment Manager, Mary's Center</li> <li>• Ana Reyes, Home Visitation Manager, Mary's Center</li> <li>• Rosie Parke, Director of Communications and Community Support Services, East River Family Strengthening Collaborative</li> <li>• Cesar Watts, Family Center Director, CentroNia</li> <li>• Kahlil M. Kuykendall, Program Coordinator, Healthy Babies Project, Inc.</li> <li>• Silvia Diaz, Family Parent Community Education Coordinator, Columbia Heights/Shaw Family Support Collaborative</li> <li>• Hilary Cairns, DC Department of Human Services</li> <li>• Julie Fliss, Supervisory IV-E Planning Advisor</li> <li>• Tyanna Williams, Data Analyst</li> </ul>

<b>Title IV-E Waiver Fiscal Team</b>
Purpose: To ensure revenue maximization under the title IV-E waiver.
<p>Functions of the Team:</p> <ul style="list-style-type: none"> <li>• Develop the Cost Development Plan for the title IV-E waiver.</li> <li>• Develop effective strategies to track and monitor costs related to the implementation and maintenance of the title IV-E waiver.</li> <li>• Identify challenges and gaps in tracking mechanisms, as well as strategies to address them.</li> <li>• Identify data sources and possible modifications or upgrades to data systems.</li> <li>• Develop strategies to provide ongoing technical assistance to providers delivering services under the title IV-E waiver related to evaluation requirements.</li> </ul>
<p>Members:</p> <ul style="list-style-type: none"> <li>• Justin Kopca, Chief Financial Officer</li> <li>• Ray Davidson, Deputy Director, Administration</li> <li>• Debra Porchia-Usher, Deputy Director of Community Partnerships</li> <li>• John Simmons, Administrator, Business Services</li> <li>• Jim Sprowls, Program Manager, Revenue Maximization</li> <li>• Julie Fliss, Supervisory IV-E Planning Advisor</li> </ul>



- Tyanna Williams, Data Analyst

#### **Title IV-E Waiver Evaluation Team**

Purpose: To demonstrate that the interventions under the title IV-E waiver are achieving the desired outcomes for District children and families.

Functions of the Team:

- Develop an evaluation plan for the title IV-E waiver.
- Oversee implementation and maintenance of the evaluation plan.
- Identify potential challenges and gaps with data collection and problem-solving strategies to address them.

Members:

- Debra Porchia-Usher, Deputy Director of Community Partnerships
- Jasmine Hayes, Administrator, Planning, Policy and Program Support
- Melissa Affronti, Sr. Program Associate, Coordinated Care Services, Inc.
- Brian Pagkos, Director of Research and Evaluation, Community Connections of New York
- Julie Fliss, Supervisory IV-E Planning Advisor
- Tyanna Williams, Data Analyst

#### **Collaborative Leadership Team**

Purpose: To partner to enhance the service array available to families within their communities.

Functions of the Team:

- Identify available assets within communities and opportunities to further enhance them.
- Determine gaps in services and develop strategies to address them through existing or the additional resources.
- Address current concerns with the contractual agreement and strategies develop agreed upon expectations for FY 2015.

Members:

- Debra Porchia-Usher, Deputy Director of Community Partnerships
- Julie Fliss, Supervisory IV-E Planning Advisor
- Darryl Middlebrook, Community Services Supervisor
- Tyanna Williams, Data Analyst
- Carmella Mazzotta, Independent Consultant
- Perry Moon, Executive Director, Far Southeast Family Strengthening Collaborative
- Mae Best, Executive Director, East River Family Strengthening Collaborative
- Louvenia Williams, Executive Director, Edgewood/Brookland Family Support Collaborative
- Penelope Griffith, Executive Director, Columbia Heights/Shaw Family Support Collaborative
- Karen Feinstein, Executive Director, Georgia Avenue Family Support Collaborative

Note: Department of Behavioral Health, Department of Health and Department of Human Services will be added to the Collaborative Team. CFSA currently is involved in joint efforts with both Departments.

<b>Partners Team</b>
Purpose: To identify opportunities and strategies to partner on initiatives to achieve positive outcomes for District children and families.
Functions of the Team: <ul style="list-style-type: none"><li>• Develop common outcomes for District children and families that can be achieved through the collaboration of District agencies.</li><li>• Identify where agency initiatives are in alignment and develop strategies to support them through collaborative efforts.</li><li>• Identify where gaps exist in the District service array and consider strategies to address them.</li><li>• Consider potential resources to sustain services that have proven to be effective, but may be eliminated due to an end in current funding sources.</li></ul>
Members: <ul style="list-style-type: none"><li>• Debra Porchia-Usher, Deputy Director of Community Partnerships</li><li>• Julie Fliss, Supervisory IV-E Planning Advisor</li><li>• Marie Morilus-Black, State Children and Youth Director, Department of Behavioral Health</li><li>• Other members of this team will be identified to align with the District's System of Care, to include representation from all District Health and Human Services agencies, as well as the District of Columbia Public Schools.</li></ul>

### Communication Protocols

The common link between the various teams is the Supervisory IV-E Planning Advisor. It is the responsibility of the title IV-E waiver unit (Office of Community Partnerships) to communicate information and updates amongst the teams. At the beginning of each meeting, the Supervisory IV-E Planning Advisor or her designee will provide an update on progress, recap decisions made from the previous meeting and the desired outcome for the current meeting. The title IV-E waiver unit will be responsible for maintaining and disseminating minutes for each of the meetings, including next steps and responsible parties for managing them.

### Teaming Challenges/Risks

When dealing with multiple teams and multiple providers, one can encounter risks and challenges with regard to miscommunication, unanticipated delays in progress, disagreements regarding next steps or conflict with key decision points. However, the risk with not teaming is working in a silo and potentially repeating efforts that are already underway or that have already proven ineffective. Moreover, this is an opportune time to team with District public agencies and community partners as agencies are working together on a shared vision for children and families.

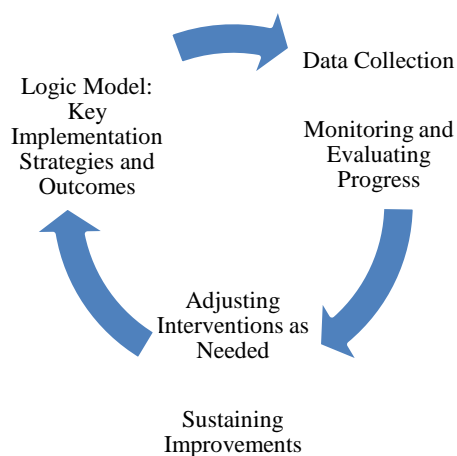
## Communication Plan and Strategies

CSFA has developed a Communication Plan that details the strategies to ensure effective communication among internal and external partners with regard to the title IV-E waiver (see attachments). In addition, the title IV-E waiver unit will be responsible for disseminating information among participants of the implementation teams in person when the teams convene, as well as in writing, as needed, between meetings.

## Quality Assurance

As an agency focused on learning and improving organizational performance, CFSA will carry out a comprehensive project evaluation process. CFSA recognizes an essential component to a comprehensive evaluation and program monitoring process requires ascertaining ongoing program implementation feedback and providing timely responses to internal and external stakeholders. In addition, to the existing formal presentations, regular community meetings and other communication vehicles previously referenced. CFSA will regularly engage the Community Partnership Administration Advisory Group (CPAAG), which consist of internal and external child welfare program administration and front line staff. In conjunction with the evaluator, CFSA will use a continuous quality improvement (CQI) approach to evaluate implementation of the proposed interventions and adherence to the requirements of the demonstration project. The CQI framework (see below) will be guided by best practices in quality management under the direction of the evaluation team.

**Figure 2. Continuous Quality Improvement Framework**



The primary functions of the CQI process are to 1) assess whether the implementation is following what was defined and prioritized as outcomes and objectives within the logic model and larger work plan; 2) identify areas where implementation has deviated and assess the challenges or barriers to model fidelity; 3) reassess priorities or expectations and adjust as necessary; and, 4) sustain improvements through ongoing feedback and assessment. In FY2013,

the Agency's approach to quality assurance (QA) and the development of CQI has grown to include a comprehensive system of ongoing QA and CQI components that function throughout the Agency's organizational structure.

In addition, Homebuilders and Project Connect each have an established process related to quality assurance. CFSA and the Collaboratives will work with consultants from each program to employ these processes to ensure quality services and fidelity to the models. As the contract monitor, CFSA will assume primary responsibility for assuring quality of the early intervention services provided under the title IV-E waiver. In addition, CFSA has a Quality Improvement Division (Office of Planning, Policy and Program Support) that will partner with the consultants from Homebuilders and Project Connect in the quality assurance procedures, so that they learn the processes and over the course of the demonstration project, assume responsibility for development and maintenance of ongoing quality assurance of these two models, as well as the early intervention services. Additional strategies that will be considered are surveys and focus groups of staff and families to gain feedback regarding quality and satisfaction with services, as well as recommendations for improvement.

### Homebuilders

The Homebuilders quality enhancement system, known as QUEST, is designed to assure quality through the development and continual improvement of the knowledge and skills necessary to obtain model fidelity and service outcomes. QUEST activities focus on providing training and creating an internal management system of on-going evaluation and feedback as part of normal program operation. QUEST offers a process for assessing the successful performance of the Homebuilders programs, and a methodology for continuous quality improvement. It accomplishes this using a three-pronged approach:

- Delineation of Homebuilders standards (see attachments).
- Measurement of and feedback regarding fidelity of service implementation.
- Development of quality enhancement plans, including training and consultation, which upgrade program capacities at all levels, with the ultimate goal of improving the lives of service recipients.

Following the implementation of services under the model, a Homebuilders consultant will collect and interpret program implementation data, and deliver feedback to the supervisor, program manager, and agency administrators. The ultimate goal of QUEST is to train the supervisor, as well as the monitor from each Collaborative to become the program's own "consultant", overseeing the service implementation, reviewing on-going program evaluation

data, and providing the necessary feedback to staff. Similarly, the program manager would be trained to analyze performance data and provide feedback to the supervisor and administrative staff. Feedback would flow across and between all levels in the organization, the Collaborative and CFSA. A primary focus of the QUEST consultant is to teach program staff and designated Collaborative and CFSA staff how to monitor and manage program implementation.

### Project Connect

The Project Connect model employs a similar model to that of Homebuilders. The Project Connect consultant is responsible for training staff that will deliver services under the model and provide ongoing consultation, coaching and mentoring to staff during the initial implementation of services to families in the District. This will include weekly or bi-weekly, depending on need, phone consultation to discuss questions related to eligibility of families and challenges that may arise with engagement, service delivery or other aspects of the model. The purpose of the ongoing consultation is not only to problem solve but to ensure that providers are adhering to the fidelity of the model. Representatives from the Collaboratives and CFSA will also participate in the consultation opportunities.

In addition, the Project Connect consultant will conduct onsite reviews at each of the Project Connect providers in the District. The reviews will include assessment of case records and interviews with Project Connect staff to assess quality and fidelity and determine if there is a need for an improvement plan to address areas for improvement. Similar to Homebuilders, designees from the Collaboratives and CFSA will support the onsite reviews to learn the process and consider strategies for ongoing quality assurance.

In addition to the above processes, CFSA and the Collaboratives will develop a process to monitor referrals for services, engagement of families and service provision to ensure families referred and deemed eligible for services are receiving them. This will also serve as strategy to ensure data collection as necessary for the evaluation.

### Early Intervention Services (Expansion of the Prevention Services)

As noted above, CFSA will assume primary responsibility for quality assurance as the contract monitor for the services. The contract administrator will conduct monthly consultation meetings with providers via conference call to discuss progress that month related to the number of families referred and engaged in services and any challenges to discuss problem solving strategies. The contract administrator will also solicit feedback from CFSA staff prior to the monthly phone calls and provide feedback, as appropriate, during the calls or one-on-one with the provider. The contract administrator will collaborate with the CFSA staff responsible for oversight of the grants either previously or currently awarded to the providers to determine if similar quality assurance measures can be implemented related to the provision of early

intervention services. The contract administrator will also conduct site visits to each of the providers.

### **Evaluation Schedule**

CFSA finalized the contract with the independent evaluator, Coordinated Care Services, Inc. on December 4, 2014. With approval from the Children's Bureau, CFSA chose to request a single available source agreement in order to work with the same vendor who is evaluating other District initiatives, to include the System of Care and Trauma grants, to ensure that efforts align and that outcomes can be attributed to waiver-funded interventions and activities. Working with the same evaluator has proven beneficial as they are already familiar with the District child welfare system and have been able to apply some of that knowledge to initial work related to the title IV-E waiver. An example of this is the support the evaluators provided with logic model included as an attachment to this report. The evaluator has also begun supporting efforts to revise the SDM caregiver assessment tool along with the Children's Research Center to ensure alignment with the evaluation of the waiver.

The evaluator has begun work on a draft of the evaluation plan in compliance with the Terms and Conditions. A draft of the plan will be submitted to CFSA for review on January 13, 2014 with an anticipated goal of submission on January 17, 2014.

## **VI. Training and Technical Assistance Assessment**

CFSA has received and will continue to receive training and technical assistance from an array of available resources to ensure effective implementation of the title IV-E waiver demonstration project.

These resources have included the following:

- Children's Bureau
  - Access to IV-E program, cost development and evaluation development and implementation resources. Consultation on the IV-E Waiver required procedures and processes.
- James Bell Associates
  - Evaluation planning and development consultation
- National Resource Center (NRC) for In-Home Services
  - Case Review of In Home Cases, Identified need for Functional Family Assessment, training for CFSA staff on documentation related to assessing safety during each home visit for In Home Services social workers.
- NRC for Permanency and Family Connections

- Mapping Case Practice Process, Assessment of permanency planning issues, training on concurrent planning for all CFSA and private agency out of home social workers.
- NRC on Domestic Violence
  - Planning for a District wide discussion on Domestic Violence, resources and gaps.
- National Center on Substance Abuse and Child Welfare<sup>72</sup>
  - Development of continuum of Substance Abuse Services for women and children involved with child welfare
- Children's Friend, Inc. (the parent organization for Project Connect)
  - Development, implementation and ongoing consultation of the Project Connect service delivery model in a community based organization..
- Institute for Family Development (the parent organization for Homebuilders)
  - Development, implementation and ongoing consultation of the HOMEBUILDERS service delivery model in a community-based setting.
- Casey Family Programs
  - IV-E Waiver preparation and cost development planning
- Children's Research Center
  - Development of the SDM Hotline tool, revision of the SDM Caregiver Strengths and Needs Assessment, RED TEAM Framework and coaching on holding an effective RED TEAM meeting.
- Organizational Capacity Building Consultant
  - Assessment of the current capacity of the Collaboratives to serve as Community Hubs and the need for organizational or structural changes. Assessment of the priority service gaps in each community

CFSA's anticipated training and technical assistance needs are detailed below.

#### Children's Bureau and James Bell Associates

CFSA has benefited from technical assistance directly from the Children's Bureau and James Bell Associates throughout the development of the initial proposal for the demonstration project as well as the completion of the initial development and implementation report (IDIR).

Assistance has included conference calls and onsite meetings to provide guidance on the direction of CFSA's proposal for the title IV-E waiver, to address issues that were delaying completion of the terms and conditions, and to offer assistance regarding CFSA's implementation of waiver-funded services, with particular emphasis on the District's theory of change. This guidance and support has provided CFSA with a comprehensive roadmap to ensure

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<sup>72</sup> The National Center on Substance Abuse and Child Welfare (NCSACW) is an initiative of the Department of Health and Human Services and jointly funded by the Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Treatment (CSAT) and the Administration on Children, Youth and Families (ACYF), Children's Bureau's Office on Child Abuse and Neglect (OCAN).

effective implementation of the demonstration project, including consideration for, and planning to prevent, challenges that may be experienced during and after implementation. CFSA anticipates ongoing collaboration with our partners at the Children's Bureau and James Bell Associates throughout this process.

#### National Resource Centers

CFSA has also collaborated with the NRCs for In-Home Services and Permanency and Family Connections to obtain technical assistance on Agency initiatives related to CFSA's vision of supporting families to maintain children safely in their homes and expediting permanency. Both NRCs have partnered with CFSA to map out the processes for families to access In-Home and Out-of-Home services, which have included important decisions points, timeframes for completion of requirements (e.g. case plans, permanency plans, visits, etc.) and opportunities for referrals for services. These mapping processes have proven beneficial in the initial work with the evaluators for the waiver and have informed the process to develop the logic model that is included as an attachment to this report. In addition, the NRC for In-Home Services is providing technical assistance to CFSA and the Collaboratives with the implementation of Homebuilders and Project Connect through contracts with community providers. Technical assistance has included facilitation of capacity building exercises during strategic planning sessions between the Collaboratives and CFSA, as well as ongoing consultation related to the implementation process, which will include revisions to the Agency's procedural operational manuals, resources that inform staff on daily practice. Information related to the technical assistance that CFSA will be receiving from the NRC on Domestic Violence and the National Center on Substance Abuse and Child Welfare (NCSACW) is detailed below in *Section VIII. Program Improvement Policies*.

#### Children's Friend, Inc. and the Institute for Family Development, Inc.

CFSA has solicited training and technical assistance from both Children's Friend, Inc. and the Institute for Family Development on the implementation of the two new evidence-based practices (Project Connect and Homebuilders) that are part of the demonstration project. As previously noted, CFSA is utilizing its existing partnerships with the neighborhood-based Healthy Families/Thriving Communities Collaboratives to procure services under the Project Connect and Homebuilders models. In addition, the Collaboratives are contracting directly with Children's Friend, Inc. and the Institute for Family Development to provide training and technical assistance throughout the period of the title IV-E waiver. With regard to training, both organizations have conducted onsite overviews of the evidence-based models for CFSA and Collaborative staff, as well as prospective contractors (community-based providers) who have expressed interest in development, implementation, and maintenance of the models. In addition to the overviews, Children's Friend, Inc. and the Institute for Family Development, Inc. will provide the core trainings and ongoing support for the contractors who are selected to implement the Project Connect and Homebuilders models in their communities to ensure model fidelity. Relevant CFSA staff, such as program managers for In-Home and services will also participate



in the core training for each model. Both organizations will also be responsible for subsequent trainings to sustain the models and account for staff turnover.

Children's Friend, Inc. and the Institute for Family Development, Inc. have and will continue to provide technical assistance on the implementation of each model. Assistance includes reviews of the solicitations for prospective contractors, guidance on the referral processes for services, recommendations regarding contractor selection, ongoing quality assurance and other assistance as needed. Once the contractors have been selected and models implemented, Children's Friend, Inc. and the Institute for Family Development will provide ongoing technical assistance to the service providers through scheduled and as needed phone consultation/supervision to ensure that the families meet eligibility criteria, to address concerns as they arise and most importantly, to verify that the providers are adhering to the fidelity of the models. As previously noted, Children's Friend, Inc. and the Institute for Family Development, Inc. will conduct regular reviews for ongoing quality assurance, to include assessment of written records and shadowing exercises, as well as the development of action plans to address any identified concerns, if needed. The agencies have further offered to talk with the title IV-E waiver evaluators to assist them with gathering necessary information for the evaluation plan and for the overall evaluation of CFSA's demonstration project.

#### Casey Family Programs

CFSA has a longstanding relationship with Casey Family Programs (CFP), and sought support and technical assistance from CFP at the onset of the application process for the title IV-E waiver. CFP provided guidance regarding the benefits of having a title IV-E waiver, assistance with setting up discussions with other states who had been previously been awarded waivers, information on possible interventions to consider implementing as part of the demonstration project and feedback on the final proposal prior to submission. Following CFSA's approval of the title IV-E waiver, CFP offered technical assistance with the creation of the Agency's Cost Development Plan including clarification of the requirements of the plan and providing examples submitted by other states. CFP has also invited CFSA to participate in a full day conference in December 2013 that will convene states who were awarded title IV-E waivers in the second round of the process that provided assistance with understanding federal requirements for implementation of the title IV-E waiver, as well as strategies to ensure effective implementation. CFSA leadership has regular discussions with CFP regarding the Agency needs with regard to the demonstration project and how CFP may be able to further assist the Agency with meeting those needs. CFSA will continue to benefit from technical assistance related to fiscal, evaluation and implementation strategies during the planning and implementation and monitoring phases of the waiver. The technical assistance will also include guidance with implementation of year one waiver activities, as well as the exploration of sustainment strategies and opportunities.

#### Children's Research Center

CFSA has also partnered with the Children's Research Center (CRC) to enhance the Agency's overall use of the Structured Decision Making (SDM) model. With respect to the title IV-E

waiver, CFSA is working with the CRC to revise the current caregiver assessment and needs tool to develop an assessment tool to better assess and capture information regarding family functioning. The revised tool will include specific elements to gather and track information to evaluate progress on well-being outcomes for the demonstration project, specific to outcomes related to family functioning. Prior to completion of the tool, the CRC will collaborate with the title IV-E waiver's evaluators to ensure that the assessment encompasses the necessary indicators to collect this information. The CRC will also provide training on the assessment tool and conduct exercises to assess inter-reliability as the assessment tool is implemented and also engage CFSA's Child Welfare Training Academy (CWTA) to conduct the training on an ongoing basis.

#### Independent Consultation

As previously noted, CFSA has also contracted with an independent consultant to conduct assessments on each Collaborative to determine their levels of capacity to act as community "hubs" that are aware of and help families' access appropriate services to meet their needs within their communities. This includes an assessment of the Collaboratives' abilities and skill level to implement the Homebuilders and Project Connect models efficiently and to fidelity, as well as their capacity to effectively monitor contractors who are providing these services. Once the consultant has completed an assessment on each of the Collaboratives, CFSA will review the findings and recommendations and consider strategies with which to address them.

## **VII. Anticipated Barriers and Risk Management Strategies**

With system-transforming initiatives such as the Trauma grant, SOC grant and the title IV-E waiver demonstration project, among others, the District's child welfare reform and cross-system collaboration is significantly stronger than it has been in recent years. While these multiple efforts will result in positive outcomes for children and families, change can be difficult at times, especially when so many changes are happening at once. There are a lot of demands being placed on CFSA staff at all levels to ensure effective implementation of these cross-system initiatives. CFSA leadership is spending increasing amounts of time in internal, inter-agency and community meetings to develop strategize and implement plans of action, as well as to coordinate budgets for each. While these meetings can be productive, they take time away from other responsibilities, such as coaching and mentoring of their staff. In addition, coordinating meetings can be difficult as calendars fill up quickly and some need to be scheduled weeks ahead of time, which can delay progress. The situation is similar for leadership of other District Agencies and community providers, many of whom are involved in the same initiatives. CFSA has looked to address these challenges through strong collaboration among staff overseeing the Title IV-E Waiver, the Trauma grant, and other initiatives, such as the implementation of the RED Team process and the revision of the SDM caregiver assessment. For example, relevant

staff from the implementation teams of each initiative attend meetings coordinated by the others in order to highlight where initiatives align to further enhance collaboration and to avoid duplication of efforts. When appropriate, leads for the case integration will schedule meetings together when addressing common goals to ensure more effective use of time. The Supervisory IV-E Planning Advisor also prepares an agenda for each meeting and outlines the goals to be achieved during the time to foster increased productivity.

The introduction of multiple changes can be particularly demanding on social workers and supervisors, who are responsible for providing direct services to children and families. Direct service staff have participated in multiple day trainings and follow-up meetings related to the implementation of TST and RED Team meetings, and they will need to be trained and well-versed in all of the waiver-funded interventions, as well as other additions on top of their daily responsibilities to the children and families on their caseloads. While these changes are positive and intended to support them in their work with families, the implementation of new initiatives can often lead to additional work in the beginning, making it harder before it gets easier, which can impact staff buy-in. To combat these challenges, CFSA has taken steps to include social workers and supervisors in the planning process, so that they are able to voice concerns, influence implementation strategies that impact direct service staff and have an opportunity to be involved in decisions.

In addition, CFSA is completing an inventory of the current paperwork requirements to determine where processes can be streamlined by consolidating assessment tools when appropriate or eliminating forms that are no longer useful. CFSA is taking a strategic look at its current technology support to its front line users and is in the process of making changes that both support its various initiatives and improve its system so that it is more “user friendly” for workers and supervisors. This includes efforts to automate assessment tools and options for data to populate based on previously entered information, so that social workers and supervisors do not need to enter the same information multiple times. Furthermore, CFSA recognizes the important role that social workers and supervisors have in ensuring effective implementation of the Title IV-E Waiver Demonstration Project and will continue to seek opportunities to involve them in the process and solicit their feedback so that challenges can be addressed timely.

Another potential challenge to implementation is the development of comprehensive data systems to collect and analyze necessary information for the demonstration project. While CFSA has been proactive in identifying enhancements to FACES.NET to gather information for the Trauma grant and the Title IV-E Waiver, any changes to the system require significant planning and time to ensure that the revisions adequately address the need. Moreover, there are multiple providers delivering waiver-funded services, many of whom do not have access to FACES.NET. While CFSA is seeking out potential strategies to allow access to the system, this will also take time and will not be in place prior to implementation. CFSA is working with the Chief Information Officer and the evaluators to develop a data system outside of FACES.NET that can

track necessary information for the demonstration project until the enhancements to FACES.NET are in place. This alternative system will be developed and tested prior to implementation.

## **VIII. Program Improvement Policies**

CFSA identified the following program improvement policies to implement in the first five years of the demonstration project:

Establishment of Specific Programs to Prevent Foster Care Entry or Provide Permanency: The following programs are designed to prevent infants, children, and youth from entering foster care or to provide permanency for infants, children, and youth in foster care:

A comprehensive family-based substance abuse treatment program.

In August 2012, CFSA requested technical assistance from the NCSACW to connect foster youth and their parents with needed substance use services. The District is currently receiving in-depth technical assistance through August 2014 with the option to extend, if needed. With the support of Children and Family Futures<sup>73</sup>, the District will be prepared to guide and support efforts at the local level to assure safety, permanency and well-being for children, youth and families with alcohol and other drug problems involved in the child welfare system.

This is a cross-system initiative where CFSA, the DC Department of Behavioral Health's Addiction Prevention and Recovery Administration (APRA), the Department of Youth Rehabilitation Services (DYRS), the Family Court, and other agencies as needed, are working collaboratively to ensure children, youth and adults receive timely screening, assessment, referral and engagement in treatment services to address their substance use and co-occurring mental health disorders with effective treatment. The agencies plan to achieve this in three phases—1) Assessment of Need and Readiness for Change, 2) Strategic Planning and Capacity Building, and 3) Implementation and Evaluation. The District has completed Phases 1 and 2 and will be moving into Phase 3 in 2014.

The following details the District's accomplishments during Phases 1 and 2:

- Identified initial target population for screening, to include youth ages 11 and older and parents of children ages 0-5).
- Substance Abuse Coordinators were hired by CFSA and DYRS.<sup>74</sup> The coordinators will ensure an exchange of information occurs for youth committed to both CFSA and DYRS to coordinate service planning and avoid repeated substance use screenings.

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<sup>73</sup> CFF manages the NCSACW, providing technical assistance and training to States and other agencies.

<sup>74</sup> The DYRS coordinator has since left the agency and they are in the process of hiring a new coordinator.

- CFSA trained all its social workers and implemented the Global Appraisal of Individual Needs Short Screener (GAIN-SS) with target populations in March 2013.<sup>75</sup>
- CFSA's Healthy Horizons Assessment Center began a five panel urine screening for all youth ages 11 and older upon initial placement or re-placement in August 2013.<sup>76</sup>
- CFSA and APRA coordinated appointments for clients and identified a dedicated assessor, decreasing wait time for assessments from 14 days to 24 hours.
- APRA hosted training for 20 CFSA supervisors in the Screening, Brief Intervention and Referral to Treatment (SBIRT) protocol, motivational interviewing, and stages of change in September 2012, with additional training in February 2013.<sup>77</sup>
- CFSA developed an SBIRT curriculum with Howard University. Training of Trainers was conducted in November 2013. All CFSA social workers will be trained starting in the first quarter of calendar year 2014.
- A Memorandum of Agreement (MOA) was executed between APRA and CFSA, giving CFSA access to data for electronic screening, referrals, and consented information about assessment and treatment. The MOA includes roles and responsibilities to coordinate treatment planning between the substance abuse treatment provider and the CFSA team.
- CFSA's Office of Well-Being (OWB) was established as a central referral source and CFSA developed a drop-off analysis. The drop-off analysis provides data to understand when client's drop off in the continuum of addressing substance use (i.e., between screening and assessment or assessment and treatment). This drives strategy decisions about needed resources and interventions.
- CFSA lead a cross-system collaboration to develop child, adult, and system level indicators that will be approved and implemented by the agencies in the cross-system collaboration.
- APRA and CFSA developed comprehensive cross-training programs to begin in the first quarter of 2014 where each system can learn the philosophy and terminology of the other.
- CFSA has outlined a comprehensive screening and assessment process for youth and families which integrate trauma findings and strategies for reducing and/or eliminating trauma in the child's foster or biological home setting (See earlier notes and attachment).

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<sup>75</sup> The Global Appraisal of Individual Needs – Short Screener (GAIN-SS) is a tool designed to identify individuals who are likely to have a mental health and/or substance use disorder and who should be referred for further assessment or treatment. <http://www.wifamilyties.org/gainss/public/>

<sup>76</sup> CFSA operates the Healthy Horizons Assessment Center (HHAC) as an on-site 24-hour medical clinic to serve some of the medical needs of children and youth newly entering care and custody, or experiencing a re-placement in foster care.

<sup>77</sup> Screening, Brief Intervention and Referral to Treatment (SBIRT) is a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services for persons with substance use disorders, as well as those who are at risk of developing these disorders. <http://www.samhsa.gov/prevention/sbirt/>

Based on data collection over the past year, CFSA developed needed strategies to address gaps in substance use services for adults and youth. The strategies also follow the research that states early screening and assessment and treatment leads to better outcomes.

Initiatives that are scheduled to occur in FY2014 include the following:

- Addressing gaps in getting a quick substance use assessment.
- Implementation of mobile Assessment Services.
  - Dedicated mobile youth Adolescent Substance Abuse Treatment - ASTEP Assessor.<sup>78</sup> CFSA issued a Request for Proposal (RFP) for an assessor to conduct a community-based assessment for youth within 24 hours. The assessor will engage the youth using motivational interviewing techniques and encourage the youth to attend treatment, if needed. Currently, the youth must go to a facility to receive an assessment. CFSA is in contract negotiations with a vendor, and once finalized, anticipates a short turn around for implementation.
  - Dedicated mobile Adult Assessor (MOU with DBH). CFSA and DBH are working on the MOU for a mobile adult assessor. Similar to the youth assessor, the mobile adult assessor will travel to the client and complete an assessment in the community. It is anticipated that this will be implemented in the first quarter of calendar year 2014.
- Prevention and Recovery Support.
  - Youth Peer Support through Wellness Recover Action Plan (WRAP) Model and Coaching<sup>79</sup>. CFSA will release an RFP to for a vendor to train eight former or current foster youth in the evidence-based WRAP model to support youth with substance abuse needs. The vendor will employ the youth and coordinate WRAP groups, peer coaching and support and prevention education for an estimated 200 youth projected to begin in 2014.<sup>80</sup>
  - CFSA will issue an RFP for a contractor to provide Recovery Support Services for families involved with the child welfare system.<sup>81</sup> The focus of this model is to engage parents in substance abuse treatment, recovery and parenting education and support, and possibly the same with youth. The Recovery Support Services team will work onsite at CFSA within the Permanency Administration to facilitate

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<sup>78</sup> Through the Adolescent Substance Abuse Treatment Expansion Program (ASTEP), District youth may access services directly from the substance abuse treatment provider of his/her choice within the network.  
<http://dmh.dc.gov/service/adolescent-substance-abuse-treatment-astep>

<sup>79</sup> Wellness Recovery Action Plan (WRAP) is a self-management and recovery system developed by a group of people who had mental health difficulties and who were struggling to incorporate wellness tools and strategies into their lives.

<sup>80</sup> The projected numbers are dependent on when this initiative is implemented.

<sup>81</sup> Release of the RFP is anticipated in January 2014. The timing of next steps for implementation will be dependent on this timeframe.

a close connection to the social work team and will provide recovery support services to clients within the community.

- Team of Recovery Specialists. The team of Recovery Specialists shall include four Recovery Specialists and one Recovery Specialist Supervisor who are Certified Addiction Counselors, 1 with a social work background and an understanding of the child welfare system preferred. Two Recovery Specialists will be responsible for Family Treatment Court (FTC) adult clients and two Recovery Specialists will be responsible for CFSA adult and possibly youth clients not in the FTC. Services for Youth and Parents include:
  - In-Home Treatment Services – CFSA will issue an RFP to provide in-home substance use disorder treatment for adults and youth involved with the child welfare system. It will be offered in District homes and surrounding Maryland and Virginia counties. Services will be offered to adult birth parents in their homes and youth living with birth parents or in foster homes. The adults will be connected to community supports as determined by the team. This RFP addresses a need for adults who may be unable or unwilling to attend a community based treatment program to receive substance abuse treatment in their home.
  - Maryland-based treatment for youth – CFSA is working with our Department of Behavioral Health on engaging their Choice Providers to provide substance use treatment services for youth who reside in Maryland.<sup>82</sup> Currently, the youth must come into the District of Columbia to receive substance use services, which may be a barrier. In FY13, 34% of youth who resided in Maryland were referred to CFSA's OWB for concerns about substance use. These discussions began recently and will continue in January 2014.

In addition, the District is enhancing its existing Family Treatment Court (FTC). The FTC program is a District-wide partnership among the Family Court, CFSA, the DC Office of the Attorney General (OAG), APRA, a contracted residential treatment provider, and various community-based agencies and service providers. The FTC is a court-supervised comprehensive treatment program for substance-abusing parents that provides support, treatment, and access to services that will protect children, reunite families when safe to do so, and expedite permanency. The objective of the program is to increase the capacity of the Family Court to intervene with adults who are involved with the court as a result of child abuse and neglect issues, and who are faced with substance-abuse and are willing to stipulate to allegations that their substance abuse impacts their parenting. FTC further supports CFSA and the Family Court in complying with the

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<sup>82</sup> DBH contracts with community based providers to provide mental health services and supports. District residents can contact a provider of their choice directly or call the Access Helpline (1-888-7WE-HELP) for assistance. DBH certifies each provider to ensure conformity to federal and District regulations and monitors quality of care.

federally-mandated timelines of the Adoption and Safe Families Act (ASFA) to achieve timely permanency for children. In addition, FTC allows the Family Court to monitor a parent's progress in drug treatment and to measure specific outcomes.

In FY 2013, CFSA, the Family Court and APRA collaborated on the redesign of the current FTC program to expand its scope of services, as well as the population eligible for services. Under the new model, the FTC will include a continuum of treatment services based on the assessed need of identified clients, e.g., home-based, out-patient, intensive out-patient, and residential services. In addition, the target population will include any mother, father, or guardian who stipulates to the Family Court that substance abuse impacts their ability to parent. Non-custodial parents who are potential custodial resources will also be eligible for services if they acknowledge a substance abuse problem that impacts their ability to parent.

The redesign includes two designated FTC Recovery Specialists (as identified in the above section). The Recovery Specialists will be responsible for families involved with FTC to provide recovery support services including coordinating and integrating the parent's treatment plan and the CFSA case plan. The Recovery Specialists will be available to families not receiving services through Project Connect to avoid duplication of efforts. CFSA and its partners are looking to implement the new model beginning in early 2014. In 2013, CFSA was awarded federal funding under the Office of Juvenile Justice and Delinquency Prevention's (OJJDP) Family Drug Court Program. The two-year OJJDP grant will components of the new model as well as implementation of a formal program evaluation process. The evaluation will measure the impact of an enhanced continuum of services on permanency and well-being outcomes for children and contribute to continued decision-making about the overall design of the FTC and its impact on the target population.

A program under which special efforts are made to identify and address domestic violence that endangers infants, children, and youth and puts them at risk of entering foster care.

CFSA had a preliminary discussion with the Training and Technical Assistance Coordinating Center, including the NRC on Child Protective Services, regarding potential technical assistance to address current gaps in the response to domestic violence in the District. CFSA will request technical assistance to complete a multisystem and comprehensive analysis that will identify practice and service gaps culminating in recommendations for District-wide strategies to address domestic violence, based on best practices. Engaging families who experience domestic violence is especially challenging for child welfare social workers. CFSA is requesting support in increasing its current understanding of domestic violence (DV) as a child welfare issue, strengthening practice around addressing the intersection of child abuse and neglect and domestic violence across CFSA, government agencies and community partners, as well as in identifying gaps in the District's current service array (for victims, perpetrators and children exposed to DV) and identifying and implementing strategies to address identified gaps. More



specifically, CFSA is seeking to increase its capacity to support non-abusing parents, mitigate the impact of exposure to domestic violence on their children, hold perpetrators accountable as well as increase the District's capacity to provide batterer's intervention programs.

A formal request will be submitted in early January 2014. CFSA will request that the NRC on Child Protective Services coordinate with the NRC on Domestic Violence to work together with CFSA and the identified partners. CFSA plans to hire one consultant to support this effort. Additionally, CFSA is seeking external support to assist with addressing the backlog of assessments of families affected by family violence and with making referrals for appropriate services. As previously noted, the referrals for domestic violence assessments increased by 75% in FY2013. CFSA currently has one Domestic Violence Specialist on staff and the demand for assessments is greater than what one individual can complete. The Agency issued a request for proposals (RFP) for a consultant to assist with the assessments in December 2013 with services projected to begin in early 2014.<sup>83</sup>

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<sup>83</sup> CFSA is awaiting guidance from the NRC before proceeding with the second consultant to determine whether this strategy is in fact the most appropriate.